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What Constitutes an Adequate Residence for a School of Nursing?

BY ALICE SHEPARD GILMAN, R.N.

THE question of adequate housing for the school of nursing is at present of great importance to all interested in these schools. Not every hospital is able to provide luxurious or elaborate living accommodations for its student group but practically all are anxious to meet the needs of their schools as best they may with the money available for this purpose. Needless to say, the large hospital with ample means at its disposal is able to add to its residence such luxuries as swimming pools, gymnasia, etc., which are altogether out of the question for the small school which must limit its expenditure to providing only those features which are essential to the welfare and comfort of its students. There are, however, certain fundamentals common to all residences, whether large or small, and the intention of this article is to outline the needs of any building used for this purpose.

A residence for a school of nursing should be considered on the same basis as a residence for any other student group. In other words, it should provide living accommodations comparable to those furnished by secondary schools and colleges. This does not mean that ornate or expensive furnishings are necessary, but merely that proper thought should be given to the health and comfort of this professional group.

It is difficult to lay down any fixed rule for the assignment of space, for the reason that every building has its own particular problems to meet. In preparing his plans, the architect must consider the sum of money available, the size and shape of the ground plot, the relation of the proposed building to existing and projected construction, the position of established steam and water connections, sewers, etc. All these elements will influence the interior arrangement of the new residence.

The final allotment of space will be determined by the following factors:

1. Frontage and elevation.
2. Size.
3. Location.
   (a) Nature of surroundings in relation to privacy.
   (b) Exclusion of street noises.
4. Exposure.

The fact that the planning of a proper residence for nurses is a highly specialized piece of work, has only recently been recognized. These buildings must contain not only comfortable sleeping rooms, adequate

lavatory facilities, rooms for social and recreational use, but also a classroom suite with all of the equipment demanded for a modern school of nursing. These varied features must not only be considered individually but in their relation to each other and to the building as a whole.

Frontage and Elevation. The main entrance to the building will be more or less fixed by shape and size of the ground plot and the established avenues of approach. Allocation of space in the basement is dependent upon the grade and consequently upon the amount of natural light available in these rooms.

Size. The size of the nurses' residence must be determined by the bed capacity of the hospital, present and projected. The ratio generally accepted by hospital authorities is one student to every two patients. (This provides for expansion during students' preliminary terms.) Further provision must be made for the faculty and for other hospital personnel, such as dietitians, technicians, etc., if such persons are to be housed here.

Location. The residence should be a separate building in close proximity to the hospital and, when possible, connected with it by a covered passage.

In the allocation of space, the architect will be influenced by the neighborhood and surroundings. He will select for sleeping rooms, space removed as far as possible from noises of the street. Likewise, quiet is an important factor to be remembered in the placing of the teaching suite.

Sometimes there is a tendency to over-emphasize the architectural features of a building at the expense of its future usefulness. It is unfair to place the responsibility for such errors on the architect, as he cannot be expected to appreciate all the minute details necessary to a successful residence. Unless he receives a definite synopsis of such needs, he should not be blamed for failure to provide the necessary facilities for a school of nursing.

In considering the plan and arrangement, the following essential elements should be kept in mind:

1. The specific purposes for which the building will be used.
   (a) To provide living accommodations for the nursing staff.
   (b) To provide social and recreational facilities.
   (c) To provide adequate classrooms.
   (d) Food service.
   (e) Infirmary for sick students.
   (f) Miscellaneous features.
2. The general arrangement with a view to practical use of all facilities.
3. Economy of upkeep.

Specific Purposes for Which Building Will Be Used

THE nurses' residence is primarily a home for the students and nursing staff during their official connection with the hospital and as in any private home, it must provide proper sleeping and toilet accommodations and facilities for social and recreational use.

Sleeping Accommodations. Sleeping quarters should be entirely segregated from the living and reception rooms. Where possible, entire floors or wings should be set aside for this purpose. Single rooms are essential. Some degree of privacy is a fundamental need of every individual. The very nature of the student nurse's work is such that her health demands rest and relaxation. When a room is shared even by two persons, these can rarely be secured. In a dormitory it is utterly impossible.

Size. 9 x 13 is the most satisfactory size for these rooms, including closet space, although a room 8 x 13 is acceptable.

Adequate closet room should be provided. Student nurses cannot live comfortably when expected to keep their clothing and other personal effects in the meager closet or wardrobe space usually assigned them. The closet should not be less than 3 x 4, equipped with a rod for dress hangers, two shelves for hat boxes, etc., also a low shelf for shoes. When running water is not available in the individual rooms, a towel rack, soap dish and glass holder, should be attached to the inside of the closet door which should be equipped with a ventilator.

The furnishings of these rooms should consist of a 36-inch bed or couch, a bureau with mirror, a desk, one straight chair, one easy chair, and one or two small rugs. Beds should be so placed that night nurses who must sleep during the day will not be annoyed by the light from the windows.

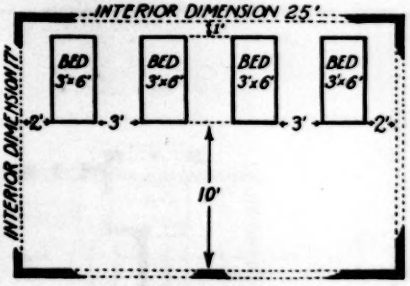
The wisdom of isolating a corridor for night nurses is open to question. Such an arrangement necessitates the student's moving all her effects each time she is placed on night duty.

When it is possible, the residence should be sufficiently large to provide separate accommodations for night nurses, over and above the number of rooms required for the regular staff.

Lavatory Facilities. Lavatories should always be provided with natural light and ventilation. The minimum ratio generally accepted is as follows:

Bath or shower	— one to every six persons.				
Hand basin	— "	"	"	"	"
Toilet	— "	"	"	"	"
Dental basins	— "	"	"	ten	"

It is desirable to separate baths and lavatories from the section containing toilets and to place these facilities as centrally as possible. Congregate wash rooms should be equipped with low partitions between bowls. When



TYPICAL BEDROOM

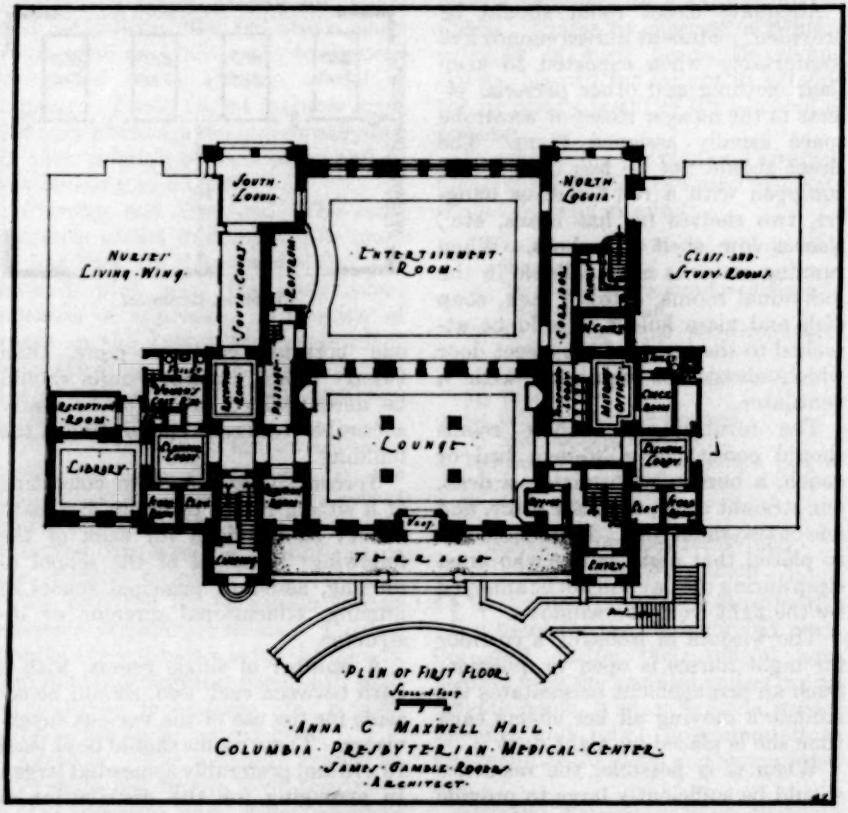
one corridor contains more than twenty rooms, lavatory units should be decentralized, so as to be easily accessible from each end or wing of the building.

Special Suites. A suite consisting of a sitting room, bedroom and bath should be provided for each of the following: Principal of the school of nursing, assistant principal school of nursing, educational director or instructor.

A number of single rooms, with a bath between each two, should be set aside for the use of the various supervisors. These rooms should be at least 10 x 13 and preferably somewhat larger. In arranging for the distribution of the accommodations for the faculty, thought should be given to securing the most satisfactory supervision of the student group when off duty.

In large schools it is desirable to set aside a floor or section of a floor for the graduate staff, providing them also with social room and kitchenette. When space permits, a guest room and bath should be available on the main floor.

Corridors. Corridors should be at least six feet wide in order to provide adequate light and ventilation. Transoms or ventilators, should be provided in all bedroom doors. Consideration should also be given to the acoustics of bedroom corridors.



RECEPTION AND SOCIAL ROOMS

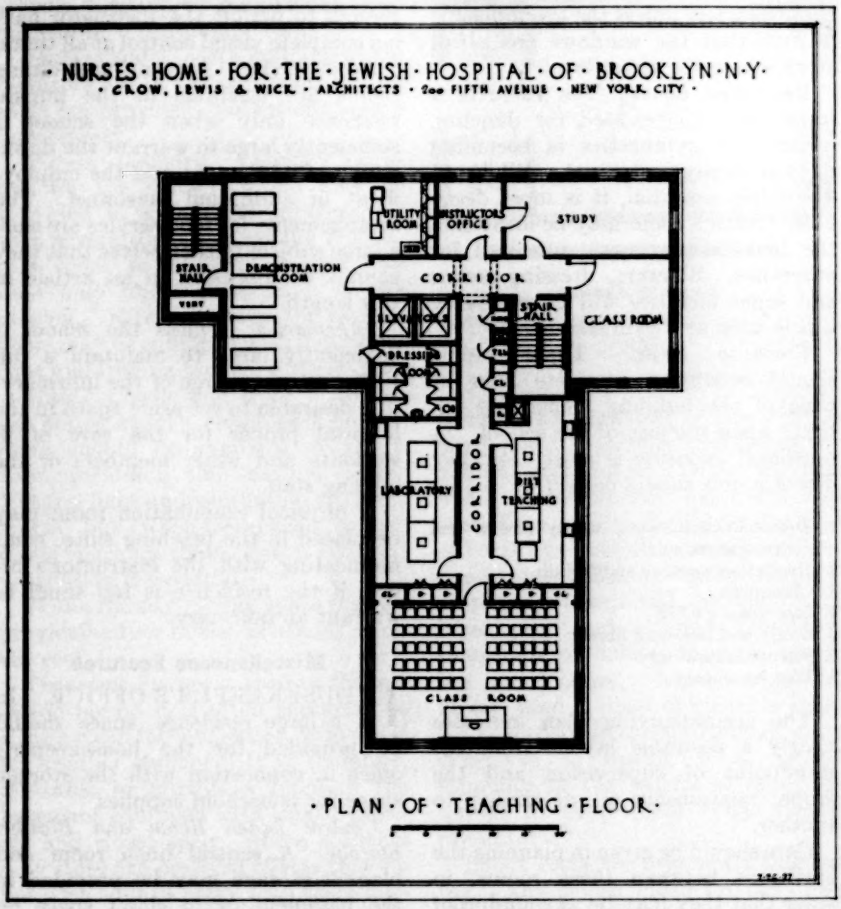
(Anna C. Maxwell Hall, Columbia Presbyterian Medical Center, New York. James Gamble Rogers, Architect)

Administration, Reception and Living Rooms

ADMINISTRATION. The reception and living rooms should always be located on the main entrance floor, preferably leading from a lobby or wide entrance hall. Constant supervision of the main entrance is desirable. A reception and information office, with a thoroughly reliable person in charge, should adjoin the lobby to provide visual control of the entrance. Mail boxes, telephone switchboard, roster, etc. should be placed here under her supervision. In schools employing a matron, her office should be adjacent to this reception and information desk.

Reception and Living Rooms. The general living room should be large enough to accommodate half the school comfortably at one time. In connection with this room it is desirable to provide a pantry for serving light refreshments.

A small reception or living room should be set aside for the exclusive



PLAN OF A TEACHING SUITE
(Jewish Hospital, Brooklyn. Crow, Lewis & Wick, Architects)

use of the graduate staff. At least two small rooms are desirable for the students' use in entertaining family and friends.

In the planning of this main floor, the arrangement should be such as to permit several rooms to be thrown together, thus giving space for large gatherings such as commencement exercises, receptions, etc.

In addition to the reception and social rooms on the main floor, a small sitting room with kitchenette adjoining should be provided on each sleeping floor when possible.

Any extra space on the main floor may be used for sleeping rooms for the graduate staff, provided such quarters meet the requirements for quiet and can be entirely segregated from the social and recreational facilities. Student nurses should never be placed in

these quarters unless the ground slope is such that the windows are a full story above the street level.

Recreation Room. The value of a large room to be used for dancing, games and gymnastics is becoming more generally recognized. While not absolutely essential, it is most desirable. Such a room may be located in the basement in space unsuited for other use. Showers, dressing rooms and toilet facilities will be necessary if it is used as a gymnasium.

Teaching Suite. These rooms should occupy a complete floor or wing of the building, depending entirely upon the size of the school. A southeast exposure is most desirable. These rooms should consist of:

1. Demonstration room, utility alcove and dressing room
2. Recitation room or auditorium
3. Classroom
4. Instructor's office
5. Study and reference library
6. Science laboratory
7. Diet laboratory

The accompanying plan indicates clearly a desirable layout from the standpoint of supervision and the proper relationship of one facility to another.

Care should be given in planning the partitions between these rooms, in order that they may be as soundproof as possible. All doors should have visual glass controls, with the exception of the demonstration room.

The following diagram provides a method for estimating the proper size of the demonstration room in relation to the number of students in the school.

The instructor's office should be placed so as to afford her control of the entrance to the suite. This room should also have a half glass partition between it and the study or reference library. The partition should be low enough to permit the instructor having complete visual control at all times.

Food Service. Kitchen and dining rooms are desirable in the nurses' residence only when the school is sufficiently large to warrant the duplication of equipment and the employment of additional personnel. The arrangements for food service are such a large subject in themselves that they cannot be discussed in an article of this length.

Infirmaries. Unless the school is sufficiently large to maintain a full time nurse in charge of the infirmary, it is desirable to set aside space in the hospital proper for the care of ill students and other members of the nursing staff.

A physical examination room may be placed in the teaching suite, communicating with the instructor's office, if the residence is too small to warrant an infirmary.

Miscellaneous Features

HOUSEKEEPER'S OFFICE. In a large residence, space should be provided for the housekeeper's office in connection with the storage space for household supplies.

Central Linen Room and Blanket Storage. A central linen room and blanket storage may be provided in the basement or in closet space on each floor, depending upon the type of supervision and the size of the residence.

Sewing Room. There should always be a sewing room where uniforms may be made and kept in order.

Receiving Room for Students' Personal Laundry. There should be a room in the basement where the students' clean laundry, including uniforms, may be delivered. This room should be equipped with sorting boxes bearing the name of each student, also rods for hanging uniforms. In small

schools, the laundry may be delivered directly to the students' room.

Clothes Chutes. In a building where elevators are in use and maid service carts are provided, clothes chutes are unnecessary.

Nurses' Laundry. Laundry facilities for the student group may be provided in a large room equipped with several tubs and ironing boards, this room to be kept locked and used only under supervision of the matron. Kitchenettes on the various floors may be equipped with individual tubs and ironing boards, if desired.

Maids' Closets and Hopper Rooms. An ample maid's closet and hopper room should be available on every floor, including the teaching suite. Natural light and ventilation are preferable but when compelled to use inside space for these closets, artificial ventilation is essential.

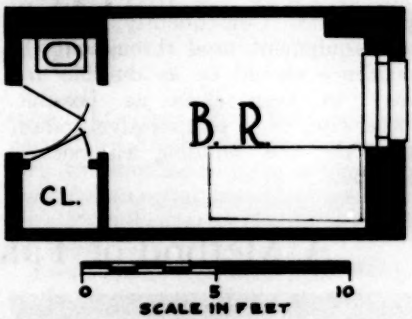
Trunk Space. Trunk space may be provided either in the basement or on the roof.

Transient Storage. During the vacation period it is often necessary to clear a room for renovation or to use it for another student. It is, therefore, desirable to provide a room in the basement equipped with locked drawers and closet space, where students may store the personal effects they do not wish to take away with them during this period.

Rug Cleaning, Rubbish and Storage Rooms. Rug cleaning and rubbish rooms, as well as storage for screens, mattresses, etc., should be located in the basement.

Maids' Quarters. Maids should not be housed in the nurses' residence. It is a much more desirable policy to provide for them to live outside or in the employees' quarters of the hospital.

Elevators. Elevators should be available in buildings of more than two stories.



METHOD OF ESTIMATING SIZE OF TEACHING SUITE

Economy of Upkeep. In the construction of a building of this kind, it is not always economy to consider the original cost, alone. Often an item which seems unduly expensive will more than pay for itself over a period of years by eliminating costly replacement and constant care. For example, by the initial installation of brass pipe and exposed plumbing, thousands of dollars may be saved, ten years hence. White or crodon metal, used in place of nickel or brass for bathroom fixtures, although more expensive to install, is a distinct economy in the saving of labor required to keep these other metals presentable.

Labor costs are constantly increasing. Any device which will cut down the amount of effort necessary to care for the building, thus doing away with the need for extra domestic personnel, will in the end more than justify the original investment.

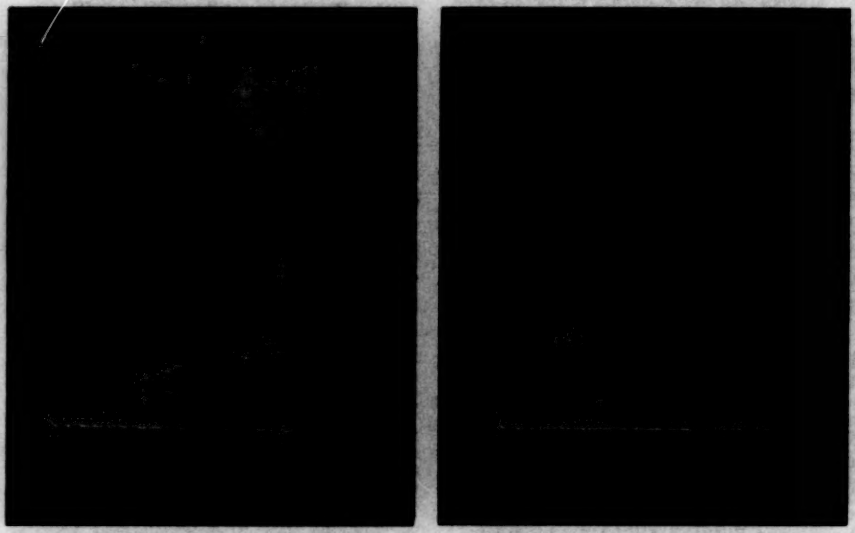
Floors are another important item from the standpoint of upkeep. It is a shortsighted policy to save a few hundred dollars on the original cost by installing floors, inexpensive at the outset, which require special attention after a few months' use.

The average type of domestic worker employed in hospitals is of

poor grade. Consequently, the finish and equipment used throughout the residence should be as durable and easy to keep clean as possible. Otherwise, in a comparatively short time the new building will become shabby.

It has been impossible to touch on any but the essential features of a residence for nurses in the space allotted to this article. Therefore no discussion of lighting, plumbing, floors, finish, furnishing or equipment has been included.

A Method of Taking Temperatures



THERMOMETER BASKETS

EQUIPMENT: The trays were made by special order and design and the aluminum paint was put on in the hospital paint shop. The dishes can be bought from the Woolworth Company. They are called butter dishes and come with a lid which is used as a second dish.

Cost: Trays, $22 a dozen; dishes, 10 cents each (including two parts).

Bacteriological tests: All cultures made after thermometers had stood in bichloride solution one hour were negative.

Method: 1. There must be a thermometer for each patient.

2. Keep the thermometers in a deep glass dish, covered with bichloride 1-1000, until ready for use. There should be two thicknesses of gauze in the bottom of each dish.

3. Throw out the bichloride and put fresh gauze in the deep dish. Rinse the thermometers in cold water, dry, and place in the shallow dish.

4. Take the tray to the bedside.

5. (a) Mouth temperature: Distribute thermometers and collect. (b) Rectal temperature: Lubricate thermometer with vaseline and insert. Leave gauze square at bedside for cleaning used thermometer. Collect thermometer and cleanse with gauze.

6. Place thermometers in deep dish until all thermometers have been collected.

7. Record temperature.

8. Wash thermometers and dishes with soap and water.

9. Place thermometers in deep dish and cover with bichloride 1-1000. Put fresh gauze in shallow dish.

The Therapeutic Value of Diet in Anemia

By Bertha M. Wood

ANEMIA is a term ordinarily used to denote a diminution in the oxygen-carrying capacity of the blood which directly implies a lowering of the hemoglobin content. There are different types—the so-called secondary anemia, pernicious anemia, sometimes called primary anemia, and hemolytic anemia.

At the present time much stress is laid upon the right foods to remedy the anemic condition. Encouraging results have been obtained in a number of studies made in our universities and hospitals where research work has been carried on, using high liver feeding in all types of anemia. The liver in this diet must be made palatable and attractive when served. It must be well cooked and the power of persuasion may be called into play to administer it to the patient. Perhaps some interesting facts on what has been done in determining the remedial help of a liver diet may help the patient to take the diet, whether he likes it or not. It is absolutely necessary that the patient should eat the food prepared.

Before administering the diet for anemia, many details must be considered. Liver (calves', beeves', or chickens') should be eaten every day. At least 120 grams (cooked weight) should be taken and, if possible, 240 grams. Twice a week lambs' kidneys, sweetbreads, or brains may be substituted. Tender red meat, without the fat, 120 grams to 240 grams a day, should be included. These foods should not be cooked in fat. Almost all anemia patients have trouble in digesting fat and carbohydrates; therefore these are kept low, not more than 70 grams of fat per day being given. This is best accomplished by using cream or butter to make the food more palatable. Moreover, since it is necessary to consume a large amount of liver and an equal amount of beef, the appetite and capacity should be saved for these.

Fresh green vegetables, preferably of the 5 per cent class, and not less than 300 grams, are given, also fruit, as apricots, peaches, raisins, strawberries, grapes, oranges, lemons, or grapefruit. Whole wheat or graham bread should be used. Occasionally one egg may be given, and milk up to 240 grams per day, if desired. Carbohydrates, in concentrated form, may be added to bring the daily calories to 2500. A good balance is protein, 140 grams; carbohydrate, 340 grams; and fat, 70 grams.

If the patient is in such a condition that not much food can be taken, liver is given the preference. It may be broiled or boiled and minced and served on toast or used to stuff vegetables. It may be made into soup or stews or molded into lemon or aspic jelly and served cold in slices. Some physicians order raw liver for their patients. This may be put through a fine food chopper and served with lemon juice, or some patients prefer to eat it like cereal with a teaspoonful of cream on it.

The menus which follow may be used as a basis, substituting other meats, vegetables, or desserts. The vitamin content is given as a convenience, as some physicians order foods having a high vitamin content. Lemon and orange juice as well as green vegetables are given. The recipes may help to add variety in serving liver.

Much valuable research work has been done by the physicians along these lines; it remains now to feed the

patients on the prescribed diet. Most patients conform willingly after the reasons for the various foods have been explained. At the present time there are no data to show whether or not the remissions last longer with the foregoing diet than without it.

Recipes with Liver

Liver Mash.—2 lbs. liver parboiled and ground, 1 strip bacon ground, 2 t. ground onions, 2 squares butter. Mix together all the ingredients and cook in a double boiler 10–12 minutes. Serve hot on a platter, garnished with triangles of toast.

Liver with Vegetables.—Materials: Beef liver, sliced, 2 lbs.; Onions, small, 1 cup; Parsnip or turnip, cut, 2 cups; Small potato, cut, 4 cups; Celery top or parsley, 1 tablespoon; Flour, 2 tablespoons; Salt, 2 tablespoons; Pepper, ½ tablespoon. Wash and pare vegetables, put on in boiling water to cover and boil 20 minutes. Put into baking dish or casserole with stock in which they were boiled; add 1 tablespoon of flour mixed with cold water. Cover with the liver, prepared as follows: Remove skin and veins, cut into convenient pieces; sprinkle with salt, pepper and flour; put into hot pan with fat and sear quickly over hot fire. Cover dish and bake in slow oven 1 hour. Serve in casserole.

Boiled Liver (Special).—Put whole liver in cold salted water (1 teaspoon to 1 quart water), with 1 t. peppercorns, 1 t. allspice berries, and 1 dos. whole cloves. Bring to boiling point, cook gently until very tender (about 10 minutes for calves' liver). Let cool in water, drain, slice, serve as cold meat.

Mock Terrapin.—Add ½ cup of chopped mushrooms to 1 cup of brown sauce and 1½ cups of liver cubes. Add a dash of mustard, dash of paprika and 1 t. lemon juice.

Hot Liver and Tomato.—½ cup ground liver seasoned with salt and pepper. Place liver on lettuce leaf and put two slices of raw tomato over liver. Top with a sprig of parsley. Variation: Serve horse-radish or mustard sauce at one side or slices of lemon with chopped parsley.

Scalloped Liver.—1 lb. liver, ½ c. crumbs, 2 c. white sauce, 1 c. tomato, 2 squares butter. Parboil liver and cut in cubes. Line a buttered baking dish with cracker crumbs. Place alternated layers of liver, white sauce, cracker crumbs, and tomatoes, white sauce and cracker crumbs. Dot layers with butter and put over the top.

Liver Loaf with Tomato Sauce.—3 lbs. liver, parboiled; 3 strips bacon, ground; 1 small onion, ground; 2 eggs, 1 t. cream, 1 scant cup cracker crumbs. Mix ingredients and bake in a loaf, using most of the cracker crumbs to cover the outside.

Liver and Corn Creole.—Put 1 can corn and 2 cups parboiled and ground liver into a saucepan with 2 tablespoons chopped red pepper and 1 cup milk. Cook slowly 10 minutes, season with salt and pepper, and add 2 tablespoons butter. Put into a greased baking dish, cover with bread crumbs, dot with butter and bake 10 minutes.

Liver Custard.—¼ c. ground liver, 1 egg, ½ c. milk, ¼ t. salt, ¼ t. butter. Beat egg slightly, add liver, milk, and salt. Put in buttered mold and set in pan of hot water to bake in a moderate oven until firm.

Baked Corn and Minced Liver.—1 can corn, juice drained off; 1 c. ground liver (parboiled before grinding), 1 egg well beaten, salt and pepper, ½ c. milk. Cover with a layer of buttered crumbs. Bake until custard is done.

Creamed Liver.—Parboil sliced liver, then cut in cubes and brown slightly with butter in a frying pan, stirring frequently. Sprinkle with flour and brown, stirring constantly. Add enough rich milk to make a thick gravy.

Liver Dumpling.—1 lb. calves' liver, chopped very fine; equal amount of bread soaked in water; squeeze bread as dry as possible. Mix with liver and one egg. Season with salt, pepper and nutmeg. Parsley may be added, if desired, or finely chopped onion. Add just enough flour to make the mixture stick together. Make into a small dumpling and drop into boiling salt water. Boil until dumpling comes to surface. Serve with browned butter.

Liver Juice.—Sear raw liver slightly in a pan. Place in a square of gauze three layers thick and squeeze out the juice. About 150 c.c. of juice may be obtained from 2 lbs. of liver.

Broiled Liver.—Dash liver into hot water, take off the skin, and broil. Five minutes should be allowed for cooking.

In the following tables

+ indicates that the food contains vitamins
++ indicates that the food is a good source of vitamins
+++ indicates that the food is an excellent source of vitamins
– indicates that the food contains no appreciable amount of the vitamin
? indicates doubt as to the presence or relative amount
* indicates that evidence is lacking or appears insufficient.

SOME MENUS

		Vitamin A	Vitamin B	Vitamin C
	Breakfast—9 a. m.			
Orange	1	+	+	++
Kidney stew	1 kidney	++	++	+?
Whole wheat toast	1 slice	++	++	?
Coffee	1 cup			
	Mid-morning—11 a. m.			
Lemonade	1 whole lemon	+	++	+++
	Dinner—1 p. m.			
Cream of mushroom soup	1 cup	−	++	−
Scalloped liver	2 slices	+++	++	+++
Baked potato	1	+	++	++
Stewed tomatoes	2	++	++	+++
Lemon jelly	1 cup	+	++	+++
	Supper—6 p. m.			
Tenderloin steak	1	+	++	− to +
Whole wheat biscuits	2	++	++	+?
Mashed turnips	2 cups	+	++	++
Salted peanuts	½ cup	+	++	?
	Breakfast—9 a. m.			
Prunes	6	++	++	−
Broiled sweetbreads on whole wheat toast	1 slice	+	+	•
Coffee	1 cup			
	Mid-morning—11 a. m.			
Juice of 2 oranges		+	+	++
	Dinner—1 p. m.			
Liver	2 slices	+++	++	+++
Vegetables	2 cups	++	++	+
Lettuce	5 leaves	++	++	+++
Orange jelly in orange basket		+	+	++
	Supper—6 p. m.			
Hot roast beef, *rare*	2 slices	+	++	+
Baked sweet potato	1	++	++	++
Green peas or carrots	2 cups	++	++	+++
Brazil nuts	10	+	++	•
	Breakfast—9 a. m.			
Orange	1	+	+	++
Liver mash	1 lb.	+++	++	+++
On toast, whole wheat	1 slice	++	++	?
Coffee	1 cup			
	Mid-morning—11 a. m.			
Baked lemon, hot or cold, with sugar	1	+	++	+++
	Dinner—1 p. m.			
Kidney stew	2	++	++	+?

		Vitamin A	Vitamin B	Vitamin C
	Dinner—1 p. m. (Continued)			
With vegetables (parsnips or turnips, celery tops and parsley)	2 cups	++	+++	+
Lettuce with salt or lemon juice	5 leaves	++	++	+++
	Supper—6 p. m.			
Hamburg steak	½ lb.	+	++	− to +
Spinach	2 cups	+++	+++	+
Potato	1	++	++	++
Nuts, salted	½ cup	+	++	•
	Breakfast—9 a. m.			
Grape fruit	½	+	++	+++
Egg nest	1 white and 2 yolks	+++	+ to ++	−?
On whole wheat toast	1 slice	++	++	?
Coffee	1 cup			
	Mid-morning—11 a. m.			
Grape juice	1 glass	+	+ to ++	+
	Dinner—1 p. m.			
Tomato soup	1 cup	++	++	+++
Baked sweet potato	1	++	++	++
Fish roe	1 lb.	++	++	?
Romaine with salt or lemon juice	3 stalks	++	++	++
Brazil nuts	10	+	++	•
	Supper—6 p. m.			
Liver loaf and tomato sauce	2 slices 3 × 3½	++	++	+
Hot whole wheat muffins	2	++	++	?
Prunes	6	++	++	−
	Breakfast—9 a. m.			
Grape fruit	½	+	++	+++
Liver and bacon	2 slices 1 slice	+++	++	+++
Whole wheat muffins	2	++	++	?
Coffee	1 cup			
	Mid-morning—11 a. m.			
Fruit ade	1 glass	+	++	+++
	Dinner—1 p. m.			
Tomato soup	1 cup	++	++	++
Mock terrapin	2 cups	+++	++	+++
Stewed celery tops, creamed	2 cups	++	++	•
Mashed sweet potato	1	++	++	++
Prunes stuffed with nuts	4	++	++	−
	Supper—6 p. m.			
Cold roast beef	2 slices	+	++	− to +
Hot whole wheat biscuits	2	++	++	?
Romaine and tomatoes, sliced	3 stalks 2	++	++	++
Salted nuts	½ cup	+	++	•

Heliotherapy[1]

Its Therapeutic, Prophylactic and Social Value

By A. Rollier, M.D.

One of the outstanding experiences of the nurses who attended the Interim Conference of the International Council of Nurses in Geneva was the visit to the famous sanatorium at Leysin, high up in the Swiss Alps, where Dr. Rollier's work has grown from one small clinic to that requiring an institution for a thousand patients. Patients travel to that Mecca from all over the world to be healed of many forms of tuberculosis. Pulmonary tuberculosis alone is excluded. Miss Clayton, who secured the following paper for the Journal, *writes with enthusiasm of the marvelous results obtained by using straps, pillows, perforated adhesive and open frames to support affected joints while the sun's rays work their magic, for Dr. Rollier does not use plaster of Paris. Surgical procedure is found necessary only for tuberculosis of the kidneys. Enthusiasm for the treatment and its results is equalled only by enthusiasm for the personality which devised and still directs the treatment.*—Editor.

ALMOST twenty-five years' experience with heliotherapy in the treatment of surgical tuberculosis permits us to affirm that this treatment realizes to the highest degree the aims of orthopedics and conservative surgery. It enables us to dispense with surgical intervention, so often the cause of irreparable mutilation. By preserving the maximum of articular function, developing the musculature and restoring to the body the harmony of its outlines, it gives back to the world individuals no longer maimed and deformed, but normal and vigorous, and capable of working for their living. Thus heliotherapy acquires, for this reason alone, an incomparable social value.

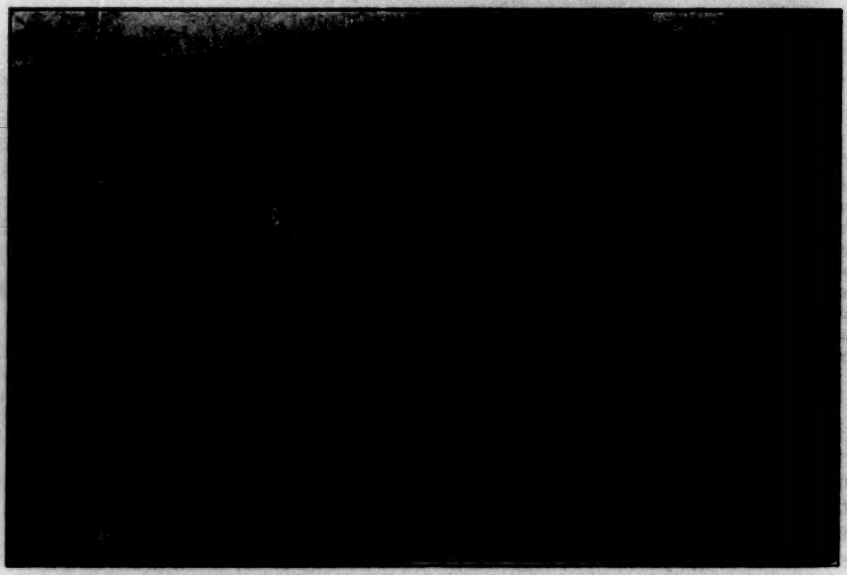
It is well known that the gravity of a tuberculous affection depends not alone on the degree and extent of its anatomical lesions, but, above all, on the state of defence of the organism attacked. Therefore, a rational treatment of tuberculosis should not limit itself to the local foci. To the local manifestations of a general diathesis one must apply a general therapy, aiming first of all at the improvement of the whole condition, and combining with it a local treatment which interferes in no way with the indispensable rehabilitation of the whole organism.

Heliotherapy adequately fulfils this double rôle. It is really no more than a return to the laws of Nature, from which we are divorced more and more by our ultra-civilization and unnatural conditions of life.

By giving our patients the benefit of those life factors, air and sun, we are placing their defective organisms in ideal conditions for defence, drawing from Nature itself, *Natura Medicatrix* so dear to Hippocrates, the essentials of health which she lavishes upon us with untiring generosity. In association with the air bath, in itself a real tonic at an altitude, the general sun bath, that is, the direct action of the sun on the total surface of the integuments, constitutes the most energetic of reconstituents. Further, the sun cure realizes the perfect local treatment by virtue of the analgesic, bactericidal, alterative and sclerogenic action of the solar radiations.

Guided by these principles, and encouraged by the results obtained by putting them in practice, we were logically led to condemn surgical intervention, which not only does not aid in improving the general condition,

[1] Lecture given by Dr. Rollier to members of the International Council of Nurses at their visit to Leysin, July 31, 1927.

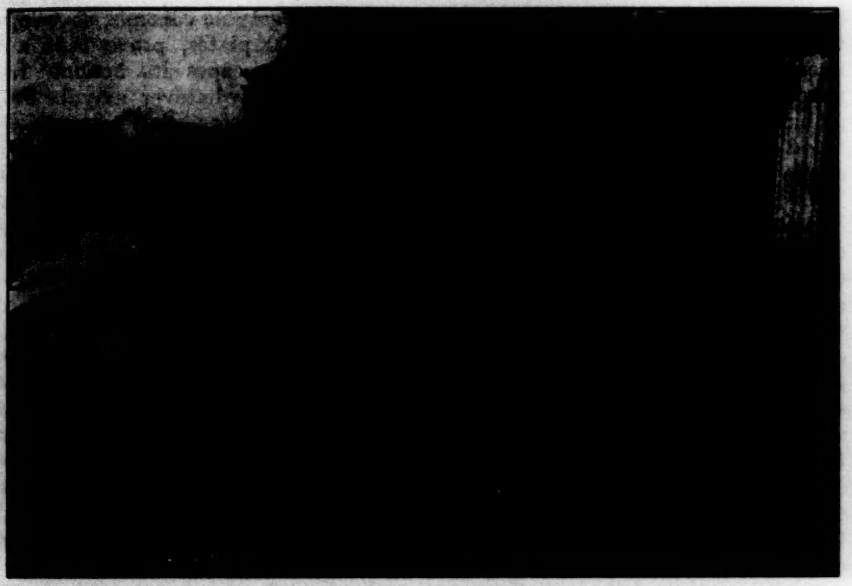


SANATORIUM, LEYSIN

but too often compromises it and at the same time injures the local defence and favors the dissemination of disease germs. For the same reasons we have condemned the sealed-up plaster cases which, by depriving the diseased regions of the body of air and sun, hinder the local process of healing, destroy the important physiological functions of the skin, cause atrophy of the musculature and bony skeleton, enfeeble the organism and, to sum up, are in opposition to all physiological and orthopedic good sense.

We have replaced them with a rational orthopedic, the very simplicity of which has revolutionized, in no small degree, the methods formerly in vogue, and which aims above all at the minimum of interference with the general treatment. Heliotherapy, in the light of what has been said, and applied with a rigorous dosage of which we have established the rules, fulfils all the conditions required of a treatment for tuberculosis, both general and local; it is seen to have not only a therapeutic and prophylactic importance of the first order, but an incomparable social value.

It is on this last, and perhaps less-recognized merit of heliotherapy, that I should like to insist today. The action of the sun bath, that is, the methodical exposure of the integuments, on the organism is multiple. First, there is its action on the skin, which gains in tone and pigments progressively when it is placed in immediate contact with air and sun, its natural milieu. It regains its many important physiological functions (indispensable for the normal life of the organism: protection, innervation, excitation, elimination), and becomes once more the real garment provided by Nature. Pigmentation confers a progressive resistance to heat and cold, and prevents the penetration of disease germs. Further, it appears to



Occupational Therapy

behave in practice as a sort of accumulator; that the resistance of the patient is in proportion to his pigmentation is a fact of every-day experience, and pigmentation seems to act not only by protecting the skin against excessive irritation from the ultra-violet rays, but also by regulating the heating effect of the sun. The biological value of pigment becomes every day more evident; very probably it receives, supplies and activates the essential elements of hormones.

The general sun bath, by dilating the capillaries, determines a flow of blood from the depths to the surface through the muscular layers; it stimulates and regularises the circulation better than the best massages, and admirably restores the musculature. This restoration of the muscles is probably due to the continuous tonic action on the muscle fibre, consequent upon the vibratory shock which the solar radiations determine in the close network of sensory nerve endings of the skin.

By restoring to the muscles their original firmness and tone, the sun cure reëstablishes or reinforces the action of the muscles on the bony levers, and favors, by an eminently physiological process, the return of articular function. The action of the sun is also felt on the ligaments, and manifestly stimulates the recalcification of the entire bony skeleton. This characteristic, which I had pointed out from the beginning of my work, not only for tuberculosis but also for rickets, has been brought to light again by the remarkable researches of Hess and his collaborators, Huldschinski, Lesné, etc.

The tonic action of the sun manifests itself also on the thoracic and abdominal organs. The air and sun bath, particularly at an altitude, revives the appetite, stimulates the

digestive functions and gives new life to the vital forces. Under its influence the number of red blood corpuscles increases, as well as the hemoglobin content of the blood. The blood formula improves, and the metabolic exchanges become more active. The blood is transformed, in some way by the light absorbed, into a reservoir of radiant energy. Carried throughout the organism, it stimulates the intracellular mechanisms of oxidation and reduction, thereby modifying its general metabolism, increasing its power of resistance and making it, by a natural immunization, a better instrument for the cure of tuberculosis. Finally, I would point out the favorable action of the sun on the internal secretions; the therapeutic power of the sun on affections of endocrine origin proves the stimulating and regulating action of the radiations on the hormones (internal secretions).

While, then, heliotherapy may be considered the best general treatment of surgical tuberculosis, it also constitutes, as I have already said, the perfect local treatment, thanks to the analgesic, bactericidal and sclerogenic action of the sun's rays. Combined with immobilization and extension, it rapidly diminishes and finally banishes the pain in all forms of tuberculous osteoarthritis. This is also true of peritonitis and cystitis, when sunlight is carefully dosed. Further, the solar radiations cicatrize chronic wounds resistant to other treatment and provide for them the ideal dressing, destroying, as it does, the infecting bacteria better than the best antiseptics, while leaving uninjured the cellular resistance. This powerful sclerosing action of the sun is not limited to superficial foci: bone and joint lesions, however deep and at whatever stage of their evolution, react to heliotherapy.

Our radiographic controls, covering about 50,000 plates, prove that no bone lesion escapes its action. In Pott's disease, whatever may be its position, one sees the progressive sclerosis of extensive vertebral lesions, the disappearance of the accompanying cold abscesses or the calcification of their remains; solid blocks are building up, intervertebral bridges are formed, and these latter provide a more efficient aid to consolidation than the most perfect bone graft. In hip disease, whether in adult or child, even when the acetabulum, the head and often the neck, show signs of extensive destruction, shown on an X-ray plate by a cloud obscuring the outlines of the articulation, one sees the gradual reappearance of order out of this chaos. A new joint cavity, a new head, form by degrees, and their outlines, at first confused, take on an ever increasing precision. The zone of demarcation becomes increasingly clear, and the atrophied parts are the seat of an intense recalcification. In other cases, in which the femur has perforated the caseous floor of the acetabulum, the X-ray plate marks the stages of reconstruction of a strong partition of trabecular structure, rough at first, but later compact and regular. A new articular cavity is formed, so perfectly sclerosed and delimited that the femoral head attains an unhoped for functional adaptation. We have witnessed similar and equally unhoped for transformations in the X-ray pictures of tuberculous osteoarthritis of the knee, shoulder, elbow and wrist. In the knee, for instance, even when an osteoarthritis has destroyed the cartilages and articular surfaces, the reconstruction of the eroded surfaces and cartilages is frequent, and we have seen it go as far as *restitutio ad integrum*.

In bad cases of spina ventosa, we

have seen entirely destroyed phalanges show, after cure, a structure so dense and compact that one could not distinguish them from their normal fellows. We have also a series of plates showing the successive phases of the spontaneous elimination of sequestra, thus demonstrating the natural process of demarcation, which it is in the interests of the organism to establish between the healthy and the diseased parts.

The sun cure at an altitude is not only the best treatment for surgical tuberculosis, but exercises also a valuable psychotherapeutic influence on the patient's morale. This is particularly the case when it is combined, as it is usually in the majority of our establishments, with regular and methodical manual occupation.

Guided by this principle, that in surgical tuberculosis absolutely rigid immobilization is an error prejudicial to the organic defense, we first replaced, as we have already seen, the unwieldy plaster cast with simple apparatus, which immobilizes the diseased articulation only, giving freedom to the other joints. Subsequently we endeavored to develop the specific resistance of every patient, concomitantly with his general resistance, by encouraging the practice of manual work, progressively and carefully adapted to each individual. It soon became evident that this manual occupation was a real therapeutic factor in the cure of tuberculosis; and we were thus led to recommend the work cure, strictly individualized as a general measure capable of rendering valuable aid, and the results have been every year more convincing. The work cure is of course carried on in the sun, whenever possible, but it is suitable for any weather. Further, it has a double advantage, moral and material. It is a powerful protection against boredom, that disease of the soul, as Dr. Vigné says, "a serious disease, though it has no name in pathology." Besides its therapeutic and moral influence, the work cure offers to our poor patients a by no means negligible financial aid. Carving, lace-making, basket work, ornamentation on tin and leather, typewriting, toy-making, etc., such are the principal occupations of our surgical cases, according to their individual tastes and aptitudes. The financial result of their work is by no means negligible. A sale, organized in February, 1926, of the things made by our patients and convalescents, yielded the respectable total of 10,000 francs, of which every penny was divided among the workers. We prescribe also this work habit, manual and intellectual, for the children in our clinics. Lessons are given to all our children, whether bed cases or not (except at the beginning of treatment, when such as are weak or feverish are excused) on the galleries open to the sun and air. This breaks the monotony of the cure, gives an aim to the long hours of leisure and an interest to life, and encourages in the children a healthy emulation.

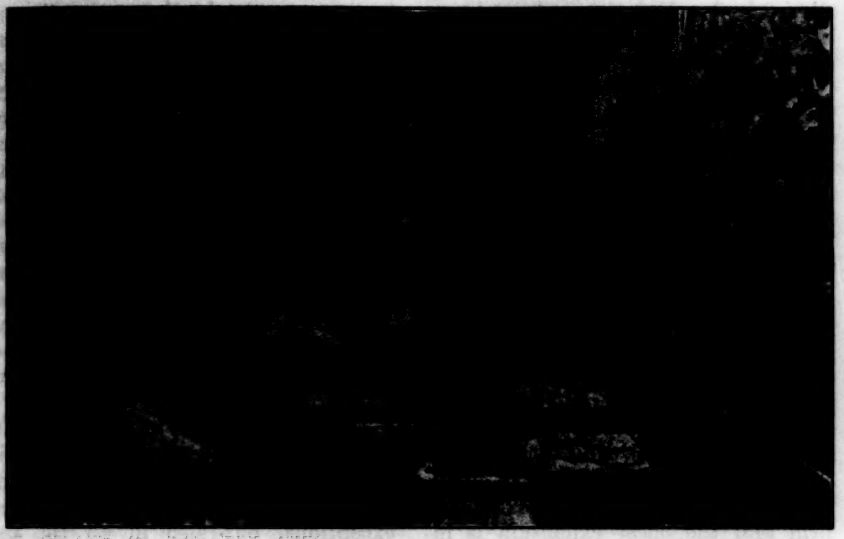
The morale of our patients is wonderfully sustained by the regular use of the sun bath. The cases of surgical tuberculosis that come to the mountain present for the most part a bad general condition. Weakened by long periods in the hospitals below, or by repeated operations, discouraged by the failure of former treatments, they have lost all faith in the possibility of cure, and even worse, the will to be cured. One must treat the spirit as well as the body, and heliotherapy, used first alone, then in association with the cure, helps us in the most wonderful way. The brilliant sunlight, winter and summer, in

WINTER SPORTS THE YEAR ROUND

the mountains, gives the patients all that profound and intimate satisfaction which comes from the renewed activity of the faculties—as it were, an expansion of the whole being. This spiritual rebirth of the tuberculous patient on the mountains is undeniable; we see it every day. It is for the doctor an invaluable auxiliary, for it simplifies for him the psychotherapeutic side of his work, so necessary in chronic disease, and collaborates in the interest of the patient. Thus, by the careful combination of the sun cure and the work cure, with their double influence, psychological and physical, on the patient, we realize successfully that rational therapy of healing Nature which aims at the active immunization of the organism, by stimulating the natural forces of defence against the infectious agent. But the cure of surgical tuberculosis is but half the battle; the ground gained must be consolidated, and for this reason the after history of our old patients has been a constant source of anxiety. Too often, convalescents and particularly those without means return to unhealthy houses, workshops or factories, where the hygienic conditions are such that relapse is a constant danger. The best way of assuring the tuberculous patient against a return of his disease is to maintain his general condition in a state of vigorous defence. Sun and air remain always the great protectors of the organism, and to enable him to take full advantage of them, the old tuberculous patient should renounce forever the city life which caused him to develop the disease.

With this in our minds we started, in 1903, in collaboration with Pastor Hoffet, the work colony, which enables our old patients to complete their cure and maintain their refound health at a very slight cost which is partially covered by the product of the work.

This return to work, excellent as it is for the morale of the patient, reacts also on his physical condition. The tuberculous patient, by regaining the



A Sun Cure Porch

taste for work, loses that depressing feeling of his own uselessness and wins a new self-confidence. This is for him the first stage on the way back to a normal life.

The striking results given by the work cure in our poor clinics have encouraged us to consider the possibility of its more extended application at Leysin, in the shape of a model manufacturing clinic, reserved for patients without means and for convalescents. In such a clinic patients could occupy themselves with appropriate manual work, while continuing to benefit from the helio-alpine treatment, and the product of their work would go to their upkeep. This would be perhaps the best solution of the financial problem which so often complicates the treatment by heliotherapy of necessitous cases.

From what has been said above, the conclusion may legitimately be drawn that heliotherapy, systematically applied, is capable of bringing about a real resurrection in organisms profoundly undermined by tuberculosis. A splendid general condition, a new skin, the resistance of pigmented integuments, and a complete reconstitution of the musculature which often endows former cachectic patients with the bodies of athletes—such are the characteristics of cures by heliotherapy. But the rôle of heliotherapy is not only curative. If it has shown itself able to conquer surgical tuberculosis in all its stages, it seems evident that, *a fortiori*, it should be able to prevent its onset. Our experience has amply proved this hypothesis. It is well known that tuberculous infection generally occurs during childhood. It has been proved that at the age of puberty, 95 per cent of children have paid their tribute to tuberculosis. Since, then, the seeds of the disease are laid in childhood, it is during childhood that we must fight it and reduce it to impotence. To this end the resistance of the child must be fortified to the maximum, and everything avoided which might in any way

diminish it. Experience has shown that there is no surer way of obtaining this result than the air and sun cure combined with rational exercise. We have carried out, since 1900, this preventive heliotherapy in the School in the Sun at Cergnat, near Leysin. This simple experiment of lessons given in the open air and sun has shown us what a striking improvement may be expected in delicate and predisposed children. After a few weeks, sickly children with narrow sunken chests, flabby limbs and atrophied muscles, undergo a striking transformation. Bronzed skin and fresh complexion replace the anemic pallor; the general condition is toned up, the hemoglobin percentage steadily mounts; flabby muscles become firm and the chest expansion is increased; while the X-ray shows a progressive sclerosis of tracheobronchial lymph nodes. As awakening of the intelligence goes hand in hand with the development of the body, the *joie de vivre* is evident on the sunburnt faces of the children.

We have carried on, ever since, a campaign in favor of the air and sun cure prophylactically applied. Open-air schools, as you know, are spreading in all countries; and though I cannot here deal with all the experiments carried out in this domain, I must at least mention the work of the most eminent pioneers. No land has done more than England for the wider application of these ideas. The name of Dr. Saleeby, that brilliant exponent of life-giving light, is familiar to all. For many years he has worked with tireless energy to convince the English authorities of the importance of sunlight for all classes of the population; and it is gratifying to see that his toil is at last bearing fruit. In the domain of surgical tuberculosis, Sir Henry Gauvain was one of the first to use the healing properties of sunlight and he has successfully demonstrated that excellent results can be obtained by an intelligent use of the combined air and sun therapy under English climatic conditions. The work cure has been developed at Papworth under Varrier-Junes and at Chailey where Sir Robert Jones and Murray Levick use light treatment and occupational therapy in combination; the splendid work of Mrs. Kimmins is well known. Similar institutions have been opened, up and down England, and are doing excellent work.

We hope to found in Switzerland a rational and systematic prophylaxis in the schools, not only in the open-air schools which are after all the exceptions, but also in all the orphanages, crèches, in the soldiers' barracks, in the cities and above all in the schools in general. The public school is too often a place of physical deterioration, where the mind is cultivated at the expense of the body, instead of providing an ideal opportunity of giving to the children, under a common discipline, an education in solar hygiene from which they would benefit all their lives.

The school, as we conceive it, would thus attain that ideal cherished by the ancients, *mens sana in corpore sano*, and it is not perhaps too optimistic to hope that by improving the health of the body, the improved health of the soul will follow.

The pursuit of a regular life of discipline and work in the open air and sun frees the child's spirit from many harmful preoccupations. In the School in the Sun he learns to read in the sublime book of Nature. As the body becomes stronger, the intelligence blossoms, the character is moulded, and the soul awakes. The simple and hygienic existence which

we recommend develops in our children nobler and more virile aspirations.

Thus, when we reckon up the results that heliotherapy has achieved in so many different domains, when we reflect on the blessing it could confer on humanity if it were better understood and more widely applied, we are compelled to admit that this method of treatment has a considerable social importance, at least one that is equal to its therapeutic value. For, as we have seen, it not only enables society to recover that human capital of which tuberculosis had deprived it, but it prevents the onset of the disease in the young, thereby contributing to the formation of new generations, healthier and more resistant both morally and physically. This claim alone justifies us, I feel, in considering heliotherapy as one of the most fertile acquisitions of modern medicine.

Teaching Care of Hospital Equipment

By Charlotte Janes Garrison, R.N.

IN these days of applied economics, the hospital dollar must be stretched to its fullest capacity. When it is estimated that a considerable percentage goes into the purchase of fixed equipment, and no less than 10 per cent into consumable supplies, not including food, it behooves a careful study toward prolonging the life of equipment and of economies affecting the use of supplies. A statistician of maintenance costs has stated that a saving of but 2 to 5 per cent is possible with careful buying; that from 15 to 30 per cent may be saved by the regulation of the use of supplies.

How, then, can we impress values on members of the hospital family? First, by knowing costs, and so impressing our associates that they in turn impart to students and personnel a wholesome respect for property. Almost everyone connected with the hospital will, unless the superintendent is alert to costs, soon forget the value and difficulty of replacement of equipment and supplies. A prominent hospital executive states that hospitals with the best records on maintenance and waste control, pay the best salaries for heads of department. Apparently the best organized hospitals, with the most stable department heads, have the best control of equipment and supplies.

Interest and a sense of pride in the new piece of equipment may be quickened in the department head by the superintendent who possesses both imagination and enthusiasm. The life of a superintendent, though crowded with affairs, has the color of new contacts and variation. Not so the department head who may fall into a rut unless fired with the quick enthusiasm of her chief. A catalogue, a marked magazine article, a new quotation, an occasional discussion with the omnipresent salesmen of hospital supplies that bane and bless the waking hours of a superintendent, these may make a day of a different color for the assistant on the job. The by-products are a renewed interest, a respect for property, and a fostering of coöperation that cannot be overestimated.

A careful use of manufacturer's directions for use of equipment will

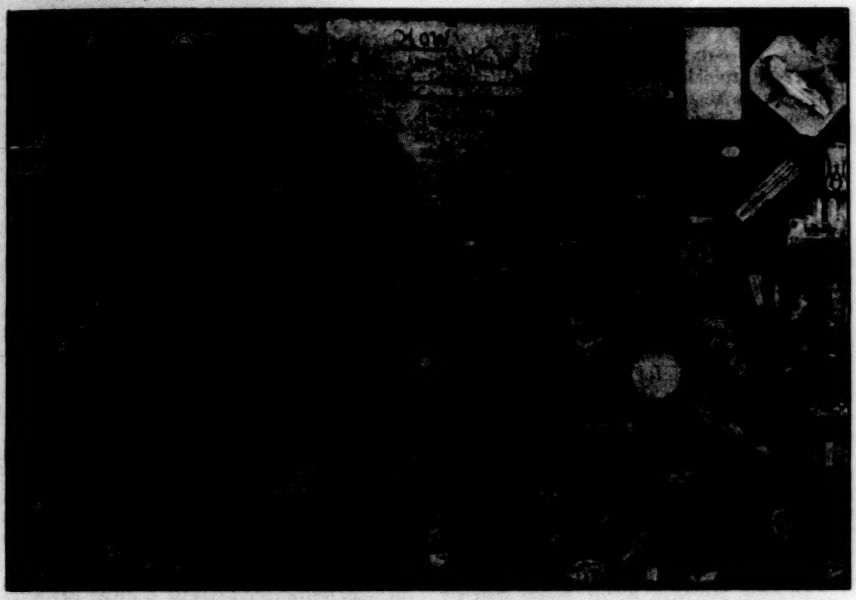
help conserve property and insure intelligent use. When possible, a service man will make a demonstration to a group and add to the general information regarding the machine. All manufacturers are eager to meet the viewpoint of the consumer and are anxious to have their article properly installed and used. Recently a new superintendent found a type of bed-pan washer which she had coveted for years, out of service in a well-equipped hospital. To her inquiry the supervisor answered she had been there a year, and the washer had never been used; she thought it out of order. A service man, called from the factory, found the washer in perfect condition, save for two fifty-cent clamps. A utensil costing $250, placed to make a disagreeable task lighter, was useless for a year, because no one was watching the proper use of equipment. Hospital storerooms are full of articles unfortunately chosen; more are out of service because of frequent changes in personnel and lack of interest.

Printed directions, framed, hung at reading height of the apparatus to be used, will be of help. Routine inspections by the engineer, or maintenance man, or superintendent are of distinct value. The use of repair slips, made out by a department head, approved by the superintendent, executed and returned to the superintendent's office for filing by departments, is another excellent check on the work that is being done. A posted note of the repair cost for a burned-out steriliser, a tray of broken dishes, or a Luer syringe, will cause even the most callous interne and indifferent nurse to pause before repeated carelessness.

Carefully issued requisitions, signed by the superintendent, and checked for use by the superintendent of nurses, in smaller hospitals with a minimum on hand, are helpful in keeping control of supplies. A weekly inventory, as practiced by the Department of Nursing at the University of Michigan, though time consuming, keeps all personnel on the alert for property preservation. The weekly exchange system for worn-out or old articles, and condemnation by a competent person, is of greatest value. In small hospitals, the superintendent may well look to her requisition-day baskets, for many a tale of waste may be told by its contents. A steady improvement will be noted from week to week, where real effort is made toward teaching thrift.

With hospitals sufficiently organized for a real budget system, department heads will be keenly interested in reduction of material costs, in order to secure a coveted piece of equipment. Cost of departments make stimulating conversation in the weekly internal conference of department heads. Dr. Walter List, Superintendent of the Minneapolis General Hospital, has a monthly report of the work of each department, with material used, cost, breakage, etc., which is most illuminating, and anticipates the annual report.

Why are nurses and internes careless? No one can tell. Perhaps it is because in their homes, in this day and age, there is little discussion of costs and economy; perhaps because most hospital folk take it for granted that the ravens will provide. Certain it is that all are weary of the plea for economy. Equally certain it is that imagination, even humor, may play a practical part in teaching applied economics. One of the most successful attempts at securing coöperation is recorded by Alice Stewart, Principal of the Training School for Nurses, University Hospital, Augusta, Georgia. She writes:



AN ECONOMY BULLETIN BOARD IN USE AT THE UNIVERSITY HOSPITAL, AUGUSTA, GA.
It is one yard square and made of beaver board

The students are instructed that hospital furniture and surgical supplies cost far more, as a rule, than the materials for carrying on any other work; they are told how necessary it is to "economise"; they grow so accustomed to the word that it ceases to make an impression and they immediately forget their lesson on the "Care of Nursing Equipment." It seemed to us that some means should be found to create an unusual interest and a desire to be careful, perhaps via amusement, or by pictures. The trend of the times seems to demand that things must be different in order to make an impression.

As to whether the plan adopted is original, I do not know. A piece of beaver board, about 36 x 36 inches, was secured and a collection of hospital magazines and surgical catalogues was made. We proceeded to cut pictures from them and they were pasted on the beaver board, not systematically, but just anywhere and anyway. In all, we must have used about 200 pictures. Not only pictures were used, but actual articles as spoons, removed from drain pipes by the plumber; silk catheters, ruined by boiling, razor blades, taken from the floors for personal use; rubber catheters that had been burned, hot water bags, ruined in the laundry. These articles were put on with thumb tacks and the reason for each article being there was printed with ink under the article. As a rule, each article has printed beneath it cost, amount used in a year, and how that particular article is usually ruined, rendering it unfit for use.

I remember at one time a graduate nurse came to the training school office and wished to purchase a hypodermic needle; when she asked me the price and I told her the actual cost to us was 11 cents, she said, "I thought they cost just a penny."

We have pictures of food stuffs and kitchen equipment, as well as surgical supplies. For instance, our students are not very fond of lamb, and they have christened it "goat." This is, of course, one of our little hospital jokes, so we have a picture of a lamb, and under it the statement "Not any goats are ever purchased by the kitchen department." Under a picture of a mattress we have, "Cost $12, ruined by removing rubber sheet." "Wool blankets, cost $6, ruined by boiling when sent in the regular washing"; "hot water bags, $2, ice caps, $1.75; rubber rings, $3.50, ruined by pins, loss of tops and sending to the laundry"; "rectal tubes, 55 cents;

catheters, 30 cents, ruined by cutting, excessive boiling and burning." "Hypodermic needles, 11 cents; infusion needles, 20 to 30 cents each; spinal needles, $1.50 each; ruined by storing without stylettes, boiling without cleaning and allowing blood and serum to coagulate in them." "Luer syringes, 50 cents to $7.50, ruined by allowing blood to coagulate in them before removing the plunger and by boiling without proper protection." "Urethral catheters, $4, ruined by boiling and allowing to remain too long in warm solutions." "Instruments, from $1 each to $7 for rustless steel. Forceps, scissors, knives, probes (not special instruments, they cost much more); lost in soiled dressings, burned in the incinerator, and ruined by using for other purposes than that for which they were intended." "Pillows are ruined by placing under drainage cases without using a rubber pillow case," and on and on, including all the routine equipment used around any hospital.

This illustration hangs in a conspicuous place in the classroom, it is studied by the medical students as well as the student nurses, it is a continual reminder, and it has certainly contributed largely in reducing the amount of blunders that worried us before the daily reminder was placed on the wall of the classroom. It is not uncommon to find groups of nurses or medical students studying this board and frequently laughing over the unheard-of things that nurses and doctors can do to ruin hospital property. The fact that it is so funny, and some of it is meant to be funny as well as solemn, helps to impress the nurse, must certainly prevent many students from repeating the blunders, and aids in conserving hospital property. They understand more fully that it does cost an enormous amount of money to maintain a hospital, and the reason for this great cost is well understood after they have digested well some of the figures constantly before them.

A bulletin board is also a pleasant place for announcing the purchase of a new operating table, an ether vacuum apparatus, with the name of the donor, manufacturer, sometimes even the price. Such a notice might make a conversation at the table rather more profitable than the discussion of some physician or patient.

Mr. Charles Pitcher, Superintendent of the Presbyterian Hospital of Philadelphia, and a teacher of executives for many years, summarized the subject at the Milwaukee meeting of the American Hospital Association in 1923. His conclusions were:

1. The best way to teach the value of supplies and equipment is by learning the value of equipment and supplies yourself.
2. By setting a good example, yourself, in the use of supplies and equipment.
3. By selecting a personnel which is teachable.
4. By reiteration, reiteration and demonstration without irritation.

Poliomyelitis

CHARLOTTE JOHNSON, who wrote the article, "Poliomyelitis," which appeared in the *Journal* for August, 1925, has popularised the article somewhat for the Chicago Visiting Nurse Association (104 South Michigan Ave., Chicago) which is having it reprinted for distribution. The association also has available a booklet, "Infantile Paralysis, a Message to Parents and Patients."

Nurses are reminded that Miss Johnson's article, page 637, *American Journal of Nursing*, August, 1925, is absolutely authoritative and that it, together with the article, "Aftercare of Infantile Paralysis," page 729, September, 1925, and the recent article (July, 1927) "Prevention of Deformities," by Jessie L. Stevenson, constitutes an unexcelled guide for the nursing care of this dread disease.

Alumnae Association Contributes to Grading

AS our pages close, word comes that the Bellevue Alumnae Association has pledged $1,000 to the Grading Committee for its study of nursing. Every mail brings substantial gifts, but this is the first alumnae association to go on record with a really large contribution.

Send all letters for the editor to the New York office of the *Journal*, 370 Seventh Ave.; all business letters and news items, to the Rochester office, 19 West Main St.

Further Research Needed

By R. Louise Metcalfe, R.N.

In the search for ways to improve the nursing service given to patients in our hospitals, nothing is more needed or will be of more value than a careful scrutiny of actual nursing methods, their efficiency and their effectiveness. It is most stimulating to see the results of time studies of some of the basic nursing procedures published in the July issue of the *American Journal of Nursing*. It is only from a basis of scientific studies that the ward work can be assigned intelligently and economically, and nursing procedures made more efficient.

Figures such as these give us a basis for checking upon the efficiency of nursing methods from the standpoint of time. When one excellent hospital reports that a procedure, such as the changing of a diaper, that is repeated at least a dozen times a day per each baby, takes an average of five minutes, and another excellent hospital states that the same procedure can be completed in three minutes, it would seem that it would be worth while to consider these procedures in detail. If the three-minute method is as safe, comfortable, economical, and effective as the five-minute method, its adoption would save twenty-four minutes a day, per each baby, on the ward. On a busy ward this would be a saving of not a small amount of time in aggregate.

Such figures also show us the relationships of quantity of nursing work to time from a different angle. In one of the studies the total amount of time spent in the basic care of each baby was 73 minutes, and it was concluded that each nurse was able to care for 7.4 babies at one time, or two nurses could take care of 15 babies, providing each spent not more than one-tenth the amount of time necessary to care for one baby (73 minutes) or 7.3 minutes, in doing anything else at all. But this would be an impossible situation, even though all the patients were normal patients. There are so many other things that the nurse does daily that are not included in these basic activities, and yet are equally essential to the care of the sick, but possibly less directly concerned with the patients themselves. Answering the telephone, charting, talking with patients' visitors, to say nothing of the housekeeping duties of tidying the bedside table and ward, are all tasks that nurses perform and that take considerable time. The time spent in just moving from place to place in the ward to get clean linen and to dispose of soiled laundry would total more than seven minutes. It is true that many of the daily tasks now assigned to nurses could be done by some one other than nurses with greater economy of skilled workers, and such studies as these will bring these facts to light. But there will be always some of these duties that need to be performed by nurses. Then, too, where there are student nurses, time on the ward is needed for studying the cases, accompanying the doctor on his visits, and conferring with the supervisor about the patients and their care.

The power and sacredness of the printed word is almost proverbial. Unwarranted conclusions are frequently drawn from data that represent only one side of the situation, particularly when the data are in the form of statistical facts. Superintendents of hospitals, lay members of boards, and others unfamiliar with the work of the nurse on busy wards may place too much reliance on figures that

represent only the sums of the average time spent on selected nursing duties and will not read into these figures those other equally important and time-consuming functions of the nurse.

These studies are a splendid beginning in the solution of our problems of ward assignment and the care of patients. They form an indisputable argument against expecting the impossible, expecting work that should take two hours to be done in one. We need more and more such studies, but before we can use these as a basis for planning our ward work completely, must we not go still further and study those other necessary time-consuming tasks in equal detail? Must we not see a picture of the nurse's work as a whole, in order to eliminate nonessential tasks to a greater degree, to make the ward experience of greater educational value, and to concentrate all the highly skilled abilities of the nurse upon the task of giving expert care to the patient?

A Few Facts About Scientific Management in Industry[1]

By Percy S. Brown

IT is with a great deal of trepidation that I approach the problem of discussing a subject which the title of the paper does not fully disclose. I could without difficulty speak at great length on scientific management and industry—much of it might be of interest to you—but the members of your organization who were responsible for the preparation of the program were kind enough to provide me with suggestions as to the contents, and these suggestions lead me into the realm of scientific management in relation to nursing technic, a subject which I approach, I hope, with becoming modesty.

We all know that wherever such things as materials, human beings, time, and wages or salaries, are concerned, similar problems are encountered, and therefore the technician from industry may with propriety discuss selling, railroad operation, or nursing.

One thing that it has always been difficult for me to understand about your profession, is the assignment of work to the nursing staff. For example, I have seen thoroughly competent and skilled nurses scrubbing floors, sweeping, preparing meals, and doing other things which to the lay mind are functions of service not requiring the high skill and training so essential to the nursing profession. This has led me to ask the question of myself: "What are nurses supposed to do?" and to that I had no answer except to infer that they are supposed to take care of sick people and to help to make them well. So I asked myself a second logical question: "What do they do?" and as I look back over my contacts with hospitals in the past, it seems to me that nurses do a little of everything, from scrubbing floors to nursing.

Now this is possibly all right, and it would be outside of the realm of the factory man to question at all, were it not for the fact that, from the

[1] Read at the Interim Conference of the International Council of Nurses, Geneva, Switzerland, July 28, 1927. To be followed in November by "Advantages and Disadvantages of Standardising Nursing Technic," by S. Lillian Clayton.

standpoint of scientific management, the utilization of a high-grade technician in manual work is not considered scientific. We would analyze the jobs, and we would determine upon the functions, and we would arrange these functions according to skill. In the factory we would certainly not use a skilled tool maker who has spent years in acquiring a special technic, and who is compensated very satisfactorily for this skill that he has acquired, in scrubbing floors, or doing general janitor work, unless we had no other work for him—and he then would be a janitor for a time at an appropriate wage. It hardly seems that the use of skilled nurses for such work can be justified by analysis of the professional requirements, and that there must be some other reason for this.

I can only conclude that it is largely a matter of discipline. If this be a correct conclusion, then let us look around and see whether such a situation is an advance in technic or a survival of some mediaeval practice. In the factory, and in industry generally, we do not use such disciplinary measures; they were never satisfactory, and have been discarded by modern industrialists.

The question then naturally arises: Is there then something about those engaged in this profession so different that a form of discipline is necessary? I cannot conceive this to be the fact, and suspect that, if the inference that such practices are of a disciplinary nature is correct, then they are then merely survivals of some practice coming down from antiquity, and continued merely because they were there, and in common use, and not because they were justified.

Scientific management, in nursing or anything else, must cold-bloodedly analyze for truth, and there is nothing about its technic that cannot readily be used and applied to either the nursing or medical professions in connection with hospital or home nursing practice. In the United States the movement is growing for a broad cultural training as a background to the nursing profession. Instead of just going into the hospital at a certain age, and with the necessary recommendations as to moral character, general education, etc., a six-year course at an established university or college, ending in the conferring of a degree, is being established. I suspect that in a few years such a training course for nurses will be quite general, and I speculate as to whether the output of such university courses will be inclined to accept without criticism a system of operating control which places a highly intelligent technician in the rôle of a menial.

In discussing this point with one well informed on the subject, it was mentioned that during the probationary period, an effort was made, by having the student nurses scrub floors and so forth, to test their stamina, physical strength and so on. Again I emphasize that industry has discarded such practices, and if my informant's information is correct, it becomes a charge against the medical profession for failing to utilize the very means which give them such high standing in the community; that is, the establishment of carefully determined physical standards for all candidates for the profession, the most rigid physical examinations to uphold those standards, and the use of the most advanced psychological and psychiatric tests to ascertain the fitness of the candidate for the profession. These tools of the medical profession can and must replace the trial and error methods of indiscriminate selection, disciplinary training

and what not during the probationary period.

In the factory we try to avoid unnecessary movement back and forth. It is confusing, tiring, and wasteful. I wonder how many studies have ever been made of the movements of a nurse in a hospital, and I would offer it—merely as a suggestion—that those of you who are interested in this subject should some time set up a comparison chart, with little pins and colored strings, and record on the chart just the ground traversed by nurses during a typical day, and then try re-routing to shorten the path, employing another colored string for this purpose, and testing and trying half a dozen plans. Then pull out the strings, compare their length, and see what the possibilities are in the way of reducing the extent of travel and consequent fatigue. Of course, if an appreciable reduction in distance travelled can be made, the time saved is an important factor as well.

Having made this preliminary investigation of such a simple thing as the ground covered by the nurse in her daily work, it would be a logical thing to start a small planning board, such as we have in the factory, on which spaces could be marked out to represent rooms or wards or patients, and on which could be planned in advance the routine things such as meals, baths, changes of bandages, operations and so forth. Obviously the non-routine nursing, and that requiring the constant attendance of a private nurse, would have to be handled in a different way.

I remember a personal experience in a hospital very well, though I was only there two days. It was a very high-grade one, but the planning was so poor that things were never done twice alike or at the same time, and in some cases not at all. I suspect it was understaffed, but the waste effort alone would have made up for this, with something to spare. I have heard similar complaints repeatedly. It is not uncommon to hear the public generally speak most highly of the wonderful surgical and medical care, the fine nursing service and the pleasant hospitals, but with that distressing word "but" . . . injected into the conversation. This "but" is usually a reflection on operating efficiency. It is rarely the fault of individuals, and probably never one of intent, but this does not excuse the inefficiency that poor planning will cause in the hospital or the home just as it does in the factory. If we can plan routine functions, we can also plan other things; for example, we can plan operations. You will answer right away that you do plan them, that they have to be planned, and planned very carefully—and this is undoubtedly true. I had an operation that was planned; it was to come off at nine o'clock. At half-past eight I had a "shot" of morphine; at ten o'clock the plans had not yet been realized. At 10.30 I had another "shot," because they were going to be realized, and the effects of the first had worked off. At half-past twelve the doctor showed up. This was not the fault of the nurse—probably not of the doctor—but there was a lack of coördination and planning somewhere which had its bad effects—on my nerves, at least.

But if we plan carefully for operations, can we not also plan standard operating-room layouts?

Not knowing too much about the subject, I am without bias, and in my ignorance can see no serious objections to making a layout, as we do in the factory. Suppose, for example, that for an appendectomy Dr. Jones wants Nurse No. 1 here, and Nurse No. 2

there, the patient in another place, and the light just so. Of course the instruments must be convenient, as well as the place to rest them, or the nurse to whom they are to be handed after use.

A certain surgeon's technic is probably so perfect that you can time-study him, and lay down a very accurate instruction card which would tell his sequence of movements, the tools used, and the time taken. This is, I will grant, an exaggeration, but in the main, as to the tools and positions, and sequence of movements, it will not be far from the standard. I have been told that the standard method of Dr. Jones is not far from that of Dr. Smith, and that certainly, so far as the layout goes, they could be practically identical, especially if the surgeons will try the experiment and, like the factory worker, be willing to adjust themselves to useful, scientific planning, without loss of personality, individual technic, etc.

Would it not be interesting for the nursing profession to study this in consultation with the surgeon, starting with just one type of operation—take appendectomy, for example. Make an international layout, the table here, the patient there, and call it standard set-up No. 1. Then make another No. 2. Possibly this would do for this particular operation. Suppose that this can be done, and Dr. Smith were to be called from France to perform an operation in Switzerland. He would wire in advance for set-up No. 1 or No. 2, and would know just exactly what he was going to find on arrival. Not knowing enough about the difficulties to feel any fear of its success, I can see in it real possibilities that would be of inestimable value to the surgeon, and increase the effectiveness of the nurses.

My next thought probably will not please the surgeon. It is a part of the Gilbreth technic, resulting from a study which both Frank Gilbreth and Mrs. Gilbreth made some years ago, and which they felt then, when Mr. Gilbreth was still with us, and which Mrs. Gilbreth still feels, had real possibilities where language difficulties exist. Suppose that a simple sign manual could be devised so that a doctor could call for any instrument by a signal with his hand, instead of having to make violent gesticulations, or give loud orders, or mumbled commands. Would this not greatly facilitate work in the operating room, and enable the physician to feel less need for one particular nurse who was so experienced in his technic as to be able to anticipate his needs? Then, too, the sign manual can be international, and automatically remove all language barriers. Yes, it is looking ahead, but I venture the guess that an enquiry would show many surgeons using it to some extent now. Nothing is gained by the mere acceptance of a situation as it is, when the world is being developed by those who will not accept the situation, but constantly seek to establish a new and better one.

Many of you here who may be able to think back as far as I can, can remember the day when the hospital bed was a thing of iron and springs, to be made as cheaply as possible and with a thought only to the comfort of the patient. The patient's comfort should be the primary thought; but later developments have shown that the patient can be just as comfortable on a bed three feet from the floor as on one a foot from the floor; so today hospital beds are being designed with a thought to the nurses. Convenience in making the bed, in moving the patient, in feeding and bathing, have all been built into the

modern hospital bed. Without desiring to cast any reflection upon the medical profession, I wonder if it would have taken so many years for this development had physicians done the nursing!

In the factory, among other mechanisms of scientific management, in addition to layout and planning, we have the element of stores control, and this I need not develop because it will be obvious to all of you that the hospital can just as well operate a balance of stores ledger as a factory can, and it is of necessity just as interested in low inventories as the factory. The nursing profession, as operating engineers, can well look to the factory for a stores control technic applicable to its own field.

I will develop these similarities further. Take, for example, the problem of personal management. In the factory we do not select a man to direct personnel activities because he is a good manager or a good workman, or has been in service twenty years, or has grey hair, or is the most gifted talker or the best self-advertiser in the organization—at least, it is being done less all the time. We select him with meticulous care because he is going to deal with the human element and he must have all the qualities necessary for such an important post. He must of course be sympathetic, honest, straightforward, able, judicious, fair, have a nice appearance and a pleasing personality. I think that in hospitals this is sometimes lost sight of in the selection of superintendents, who not only have the executive function to perform, but who are also personnel directors. Much of the success of any industrial enterprise depends upon the morale of the workers, and it is certain that the parallel carries into the hospital staff, and that selection of executives should be based not merely upon their qualities as executives, but capacity to function as competent directors of personnel.

I see in the nursing profession the possibility of utilising not only those functions of industrial management that I have enumerated, but many others; for example, job analysis. There is no reason in the world why there should not be careful job analysis for an entire hospital staff. I can think of no reason, either, why nurses, dietitians, etc., should not be selected to meet the requirements of the job along the lines that I have mentioned earlier in this paper. I see no reason why careful time studies should not be made, with a view to lessening the labor and increasing the effectiveness of the nurse and those functioning in other ways in the hospital; not to circumscribe them with standard procedure and mechanical routine, but to aid them in the more efficient performance of their duties. I can see no reason why the study of movements should not be undertaken, and why rhythmic habits could not be established, in relation particularly to bathing, massaging, moving and soothing the patient—standardized to a large extent. Why should a patient prefer to have Miss A. always handle her? Has she a particular rhythm that makes the patient have less pain? The patient's answer is, Yes. Then study her movements, film them, build a standard practice, instruct others until rhythm is automatic, and the entire staff will be acceptable. And there can be international studies leading to international standards.

The use of the engineering approach to your problem holds the answer—the solution, and it is this approach that I have so briefly touched upon in this paper. You can use it to your advantage.

A Lesson Plan[1]

Insulin (*Iletin*)

By Mary May Peterson, R.N.

1. Insulin is an aqueous solution from the active principle obtained from the Islands of Langerhans of the pancreas.

2. Obtained from:

a. Pancreas of animals
b. Pancreas of fishes
c. Vegetable substances, such as onions
d. Certain kinds of yeasts

3. The University of Toronto controls the product and calls it "Iletin." The credit for its use in diabetes mellitus is given to Dr. F. G. Banting of the University of Toronto.

4. Lilly's pharmaceutical laboratory in Indianapolis makes it under license and calls it "Insulin." (It is quite stable and will keep at room temperature.)

5. Given in doses called "Units."

6. A "Unit" is 1/8 of the amount of Insulin necessary to reduce the blood sugar to 0.045 per cent for five hours, in a rabbit weighing 2 kilograms, after 24 hours' starvation.

7. The amount of sugar which one "Unit" of Insulin will enable the body to store or utilize varies with the individual case and the severity of the disease. It is usually 2½ grams. In some patients a unit will neutralize 4 grams of sugar. The dosage is modified accordingly.

8. When used?

a. Specific in diabetes mellitus
   1. Body unable to utilise carbohydrates
b. In severe cases of acidosis
   1. Body unable to oxidise fats
      a. Fats will not burn unless sugar burns.
      b. Sugar will not burn unless there is Insulin.
      c. Example:
         Insulin—Match
         Sugar—Kindling
         Fats—Coal
      d. It is necessary to have both Insulin and sugar for fats to burn.
   2. Acid by-products are in the blood decreasing its alkalinity.
   3. Symptoms of acidosis
      a. Carbon dioxide of blood lowered
         1. Normal—50 to 65 c.c. per 100 c.c. of blood
         2. Mild acidosis—40 to 50 c.c. per 100 c.c. of blood
         3. Below 30 c.c.—severe acidosis
         4. Kussmaul breathing, if carbon dioxide is under 25 c.c.
         5. Recovery rare if as low as 15 c.c., before use of Insulin
      b. Acetone and diacetic acid found in urine
      c. Sugar may or may not be in urine
      d. High or low blood sugar

9. Sugar tolerance—no sugar found in the urine.

10. Fat tolerance—no sugar, acetone or diacetic acid found in the urine.

11. Amount of Insulin depends on:

a. Amount of sugar, acetone, or diacetic acid in the urine and sugar in blood
b. Also—the amount of carbohydrates taken

12. Insulin shock or hypoglycemic reaction indicates that the percentage of sugar in the blood is reduced below 0.045 per cent (normal—0.08 per cent to 0.15 per cent) and sometimes indicates that the percentage of blood sugar is suddenly reduced by large doses.

13. Symptoms of Insulin shock (sometimes occur when patient is asleep):

a. Sudden and pronounced hunger
b. Thirst
c. Weakness
d. Nervousness—lack of well-being
e. Profuse sweating (characteristic)

[1] Presented to the New Jersey Institute in Nursing Education, Newark, N. J., January 27, 1927.

f. Tremor
g. Pallor and flushing
h. Drowsiness, unconsciousness and coma

14. To prevent Insulin shock:

a. Give doses which will not completely eliminate sugar in the urine.

15. Treatment of Insulin shock:

a. Give sugar in some form.
   1. Glass of orange juice
   2. Syrup
   3. Lump of sugar, or a piece of candy
   4. In severe cases, glucose by stomach tube
b. Hypodermic of adrenalin 0.3 to 1.0 c.c. of a 1/1000 solution followed by carbohydrates by mouth. (Adrenalin raises blood pressure; Insulin shock lowers it.)

16. Administration:

a. Methods
   1. Hypodermically
   2. Intravenously
   3. By hypodermoclysis
   4. By rectum
b. In diabetic coma:
   It may be given by hypodermoclysis: 1000 c.c. saline, 50 gms. glucose, 50 units Insulin; or intravenously: 500 c.c. to 750 c.c. saline, 50 gms. glucose, 50 units Insulin.
c. Bicarbonate of soda in large doses may be given in addition to the Insulin to neutralise the acid products of the blood.
d. Amount 10, 20, 40, 50, 60, units per dose—rarely more than 150 units in 24 hours.
e. Frequency:
   1. Average case is given two to three times a day before meals.
   2. Severe cases given every hour.
f. Time of giving—15 minutes to half an hour before meals.

17. Points to remember:

a. Laboratory control:
   1. Examination of urine and examination of blood, sometimes ordered a. c. and p. c. (It is safer to have the blood sugar a little above normal and a transient glycosuria than to have urine continuously sugar free with blood sugar below normal.)
b. The dose should be ordered in "units."
c. Label should be carefully read to determine the number of units in each c.c.
d. That Insulin is given only when dietary regulation is not sufficient. (Insulin is only an adjunct to diet in diabetes mellitus.)
   1. When a meal is to be omitted, omit the preceding dose of Insulin.
   2. If supply is temporarily exhausted, omit ¼ to ½ of the diet.
e. Remember symptoms of over-dosage. Carry always some form of carbohydrates.
f. Do not alter dosage except in emergency or advice of the physician.
g. Injections of Insulin should not be made repeatedly into one area.
h. It is safer to have a special Insulin syringe and to sterilise it by boiling in distilled water, rather than hard water.
i. Dosage of Insulin, diet, sugar in urine and sugar in blood must be checked frequently by the physician.
j. Abscess formation rare.
k. Serum sickness no longer occurs.
l. Prognosis of diabetes mellitus when treated with Insulin.
   1. If Islands of Langerhans are permanently injured, Insulin will be necessary the remainder of life.
   2. If Islands of Langerhans are only temporarily injured, they may recover with rest—and the use of Insulin may be only temporary.

No Substitute for Milk

THE American people are gradually learning that milk is essential, for the normal healthy development of infants, for children of all ages and for pregnant women and for nursing mothers. Milk has no substitute in the diet of the child. Children are nourished better and more cheaply if an abundance of good whole milk is included in their daily food; also there is less danger of serious dietary deficiencies which are occasionally the cause of grave nutritional diseases. Besides, plenty of milk in the diet of children has the more important effect of preventing a vague ill health that results from a diet partly lacking in the substances essential to growth. The use of milk is the greatest factor of safety in our diet.—"The Newer Knowledge of Nutrition," by E. V. McCollum and Nina Simmonds.

Why Tell the Public

By Stella F. Akulin

YEARS ago, when Lillian D. Wald, the founder of the Visiting Nurse Service administered by the Henry Street Settlement, New York, was asked about the success of her organisation which had grown from a staff of two graduate nurses to one of two hundred nurses making about half a million visits a year, she said:

> I take the public into my confidence. They are my partners in this huge enterprise; they have helped me build up this Service and I want them to know just what they are doing by their help. I want to keep them informed.

Today more than a million people bear witness to the wisdom of this philosophy.

There are two types of people which the Visiting Nurse Service (administered by the Henry Street Settlement) tries to reach. They are those who are in need of nursing care and who must be informed of the organization and its aims and accomplishments, so that they may take advantage of them; and those who must be interested in the needs of the organization so that they may help, by their support, to keep its staff of nurses intact and the scope of the work ever increasing.

In the first group fall the people who do not know of the existence of a nursing service which is available for them; they must be informed.

There was a little family right around the corner from one of the Visiting Nurse Service Centres where a mother lay ill and unable to move, left alone all day long, for her husband could not stop working even for a day and her children were too small to do anything to help her. By chance, the nurse happened in this home one day. She had seen a baby with very badly bowed legs toddling along, and she had decided to speak to his mother and tell her of the clinics which would do much to help the baby's legs become normal.

This mother needed nursing care so much, and yet for days she had had no one to even straighten her pillow and when she was asked why she had not sent to the office so near her, for a nurse, she manifested the greatest surprise. She didn't know that nurses came for "only a visit" and she knew only that a nurse "charged seven dollars, at least, a day"; of course that was an undreamed-of expenditure.

Among those who need the "twin services—education and ministration" are families comprised of people who are making an effort to follow some advice and instruction in health education, but whose efforts are misdirected and need guidance, for sometimes they produce disastrous results. A concrete example of a well-intentioned mother who fell into this class was reported by one of the Henry Street nurses recently.

"That there baby is getting the best kind of attention a human being can git. And what's more, what do you know about bringin' up children . . . you ain't never raised none yourself. I know about raisin' kids. . . . I had eight of them and two's alive Humph! tellin' me maybe I ain't sterilizing his bottles."

The outraged mother turned her flushed face towards the visiting nurse. The water boiler which stood on the stove gurgled and steamed, and as the woman turned the writhing clothes over her wooden stick, greyish streams of liquid oozed over the sides and spluttered on the stove.

"Mrs. Brown," the nurse replied,

"I know what a devoted mother you've been to your children, but we have simply got to make the baby well and I am trying to help you. Perhaps if you tell me how you sterilize his bottles, I may be able to show you a way that would be easier for you."

"We—ll." Mrs. Brown's mind was fidgeting about for something.

"Well, I can't show you. I always stick them right in this boiler when I'm aboilin' the clothes, and there ain't another speck of room in here for me to show you how I do it."

Perhaps no plea for education, for putting before the people the necessity of an advisory service as well as one which ministers to the sick, is as eloquent as is this story of an actual experience of one of the nurses. For no education, or physician could foresee an interpretation of so simple a health precaution in this way. Only the direct contact of the nurse with her patient could bring this to light, and if the mother in this case was told that she was not giving her baby the proper care, she would be most indignant. And yet the most conscientious persons may be doing the very greatest damage and the fact that they are conscientious or well-intentioned has nothing to do with it, nor does it mitigate the situation.

In the second large group, that vast majority of people who know, in a very minor way or not at all, of the work of the Visiting Nurse Service, there are those people who would be glad to support the service and to help their fellow men if they knew in detail just what it meant. They have to be told and told concretely just what their financial support would accomplish.

Mr. Smith may not know that his small gift of five dollars would send a nurse on her way to almost five homes, to give care to someone. For there are in New York City many persons who do not send the small contribution which they could afford because they feel the little gift will make no impression on a budget which calls for a half million dollars' expenditure each year. And yet if each person who feels that way could know that his dollar paid almost the entire cost of a visit to little James who was so badly burned that everyone despaired of his life, and if he knew that several of these dollars paid for successive visits during which the nurse dressed the burns and by constant care and attention in coöperation with a very patient doctor, saved the life of the seven-year-old boy, he would not hesitate to send his gift. But he must know of these cases first; he must be told, taken into the confidence of the nurses and shown.

A few days ago one of Henry Street's nurses sent her written report to the supervisor as follows:

Sometimes when we have had a discouraging day, with little coöperation from our patients, there comes a tiny little doubt in our mind as to the worth of our efforts. And then we see results and once more we go on our way encouraged. There were three very interesting cases today which showed us beyond a question of doubt what is being done in a small measure through our clubs and classes and doctor's clinics. A patient came to the mothers' club—mouth in bad condition, gums swollen, reddened and bleeding. Her teeth showed neglect; she admitted it hurt too much to brush them, so she didn't. She was instructed in the right way of brushing and massaging the gums and was asked to try it. She returned the following week—gums greatly improved with no further bleeding. She was then urged to go to her dentist for repair work which she had been afraid to have done before.

Another patient came to the mothers' club on the day of demonstration for home delivery. She plans to have home delivery. She said she thought she had things pretty well prepared but would like a nurse to visit her at home for further advice about preparation. Two days later I visited the home with the nurse in the district. It was the usual poor

A Henry Street Nurse Giving Care to a Mother and Baby in Their Own Home

tenement home; the woman said her husband had been out of work for the past five months and had just that week found a job. They were in debt and there were five children of school and pre-school age—certainly there seemed to be no incentive to prepare for another baby. But the mother brought out a small trunk full of clothes for herself and the baby and since coming to the club she had made a half dozen newspaper bedpads, using old underwear and pieces of muslin. She remarked that they didn't look very well but they were the best she could do. She was also collecting glasses and jars for trays as advised at the club.

What person, when reading this report, would not be willing to further this work and make it grow. But unless he knows of it, he cannot give his aid.

Recently there has been much dissension about "the changing East Side." The *American Mercury* talks of the "disappearance of the slums," of the myth of poverty, etc. Because of that, there is a growing doubt in the public mind as to the existence still of people who are in real need. And yet the East Side is not the criterion of need.

A most pathetic condition of affairs was reported to headquarters by one of the supervisors of a Henry Street Nursing Centre, a day or two ago, which should command the earnest consideration of every able man and woman, for it records a struggle for existence which seems almost unbelievable in these days.

Sandyground is a settlement out in the South Shore District of Staten Island, reached by trackless trolley. Early in the nineteenth century, the Staten Islanders freed their slaves and gave them Sandyground in which to settle. As the ground is very poor, it has never been a thriving settlement, though one hundred families live there.

There is no group work done among them, for they are too far away from clinics and hospitals to carry their children there. Only one doctor will go into this territory to deliver a woman.

While one of the nurses was taking care of a postpartum patient, I went in to supervise. While there I met several women whom I was able to interest in a home hygiene class. This began with an enrollment of twelve mothers

and is flourishing. A well-baby conference is also well under way. We are interesting boys and girls in forming Scout troops.

These homes do not have city sewerage, water, electric lights or gas. Many homes have not even privy houses and refuse of all kind is thrown on the ground.

We are interesting the Boy and Girl Scouts, a church and a social service agency, in working out with us a program for these people, and though there is much work ahead of us on this project, we are glad to say that the Visiting Nurse Service has been the leader.

In accordance with their slogan, inspired by their founder, "to know and to tell," the Visiting Nurse Service has inaugurated Visiting Nurse Service Week, which is to take place on October 24 and last throughout the week.

During that time, a widespread news service will be carried, in an effort to tell the public about the Visiting Nurses and what they are doing for those who are ill in their homes. Charts showing the progress of the work, and the prevailing illnesses predominating in certain areas, will be on exhibit. Each evening during the week a different conference will be held which will be of interest to the public and exhibits showing various phases of the work will be displayed.

Contests through the newspapers will center around some activity of the Visiting Nurse Service, and it is hoped that a live baby exhibit will furnish real documentary evidence of the actual dividends which a contributor may see accruing from his investment in the Service.

Every possible medium from the magazine to the moving picture houses will be mobilized to put before New York City an account of the Visiting Nurse Service, what it has done for the people of the city, and what it stands ready to do.

The Cleanliness Institute

THE Institute, recently organized, has a budget of $500,000 for its first year's work, which is subscribed by the Association of American Soap and Glycerine Manufacturers. The Institute, coöperating with many social agencies, is pledged to a program of research and education. Sally Lucas Jean is School Consultant. The library is building up bibliographies on Cleanliness, and it is open to any interested person who cares to call or write for information. The offices are at 45 East 17th Street, New York City.

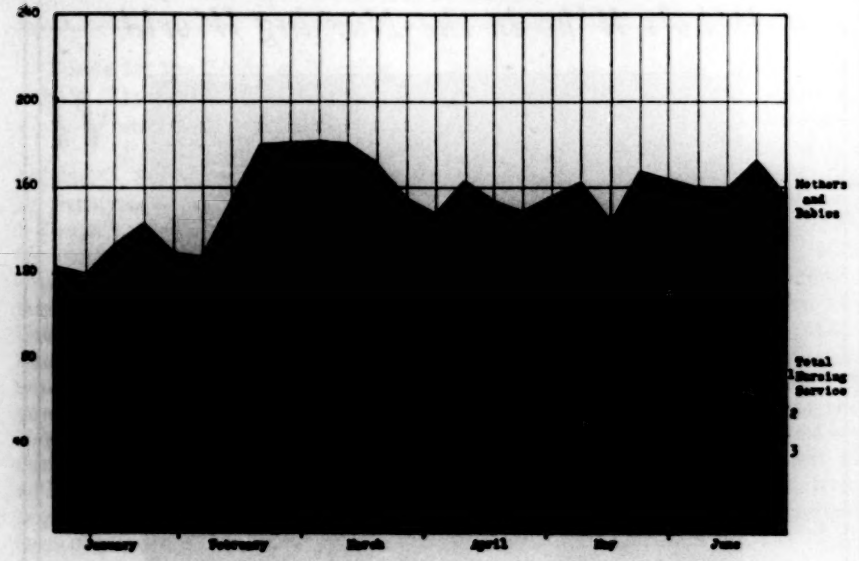
Diphtheria

DIPHTHERIA is not only a curse—it is a disgrace. Simply three injections of toxin-antitoxin a week apart are all that is usually needed, to secure this protection, and once secured, it lasts for years, probably for life. Frequently free clinics are available where the injections are given without charge. Even if the child is taken to the family physician, the cost is usually no more than that of a good pair of shoes. Most parents would feel disgraced if they could not provide their children with shoes the year around. Yet, except in the winter, no more than a little discomfort would come from lack of shoes, while severe illness and perhaps death itself may be the result of failure to protect a child against diphtheria.

Not until every parent can be brought to realize that every baby at the age of six months should be given this wonderful protection may we expect that this ancient enemy of childhood can be conquered.—Dr. Bertrand E. Roberts, N. Y. State Health News Service, Radio Health Talk.

NURSES especially interested in Pernicious Anemia will find several extremely interesting articles on the subject in the Journal of the American Medical Association, September 3, 1927.

Six Months of Nursing Service



THE diagram, which is based on a six months' study of the nursing service of the Cleveland Maternity Hospital, shows the problem, familiar to every hospital, of inequalities in amounts of nursing service required. For the period studied, the average day found 156 mothers and babies being cared for by 79 nurses, of whom 44 were on general duty, 22 were students and 13 were specials. The service provided, on a basis of averages, is generous, but it is obvious that there were times of strain. The study is presented for the purpose of rousing discussion and study of methods for carrying the peak loads of required service.

In the diagram, white line 1 indicates the total nursing service, the space between 1 and 2 indicates special duty nursing, between 2 and 3 student nursing and that below 3 is covered by general duty nurses.

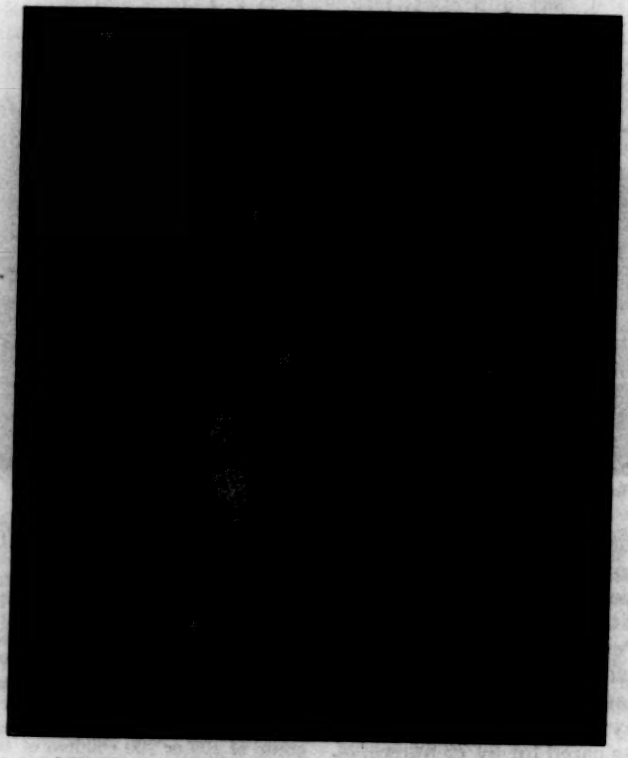
Evaluating Results

THE American Child Health Association has spent a year and a half preparing tests by which the school health programs developed over a period of twenty years may be measured. Fifteen representatives of the Association, nurses, doctors and others, divided into groups of five are to visit seventy cities and the unit of measurement will be a group of 100 or 200 children of the fifth and sixth grades in each city.

The study is in no sense a comparison of cities. Its whole object is that of finding just what constitutes a good health program for schools. The anticipated outcomes are:

a. An evaluation of school health practices.
b. Standards of organization and procedure.
c. Improved methods and increased effectiveness in school medical inspection as well as other branches of school health service.
d. New light on health teaching methods.
e. Tests by which schools may measure health progress.
f. A heightened interest in and increased use of the mathematical approach in the study of health problems.

Who's Who in the Nursing World



LXXV. HARRIET ETHEL MARY SMITH, R.N.

The constructive influence of "Ethel M. Smith," as she signs herself, is everywhere in evidence in Virginia, but particularly in the schools of nursing. Miss Smith received her academic and business training in Canada, the land of her birth, but she is a graduate of the schools at St. Luke's Hospital and Sloane Maternity Hospital in New York.

Her entire professional life has been spent in the state of her adoption, where she has been Inspector of Schools of Nursing and Secretary-Treasurer of the Board of Nurse Examiners, since 1920. To this post Miss Smith took the background of experience gained as Superintendent of the Norfolk Protestant Hospital and, later, as Director of the Visiting Nurses' Association and Children's Clinics of the same city.

Miss Smith has held many positions in the State Association including two terms as President, and she has long been a member of the State Red Cross Committee of which she is now Chairman. With such a history of progressive service, it is small wonder that Virginia nurses respect and love Miss Smith and that the schools have measurably advanced under her guidance.

Editorials

Funds for the Study of Nursing

"WHEN I have completed the set of mats I am crocheting, I shall have a dollar to contribute." So wrote a nurse disabled by paralysis who spends her days in a "Home." Furthermore, she thanked the committee for letting her have the privilege of helping with the enormously important projects of the Grading Committee. *Journal* readers know, for they are told month by month as the plan unfolds, that the grading of schools will come as a final step in the comprehensive study of nursing which is being made, a study which is unearthing facts which are beginning to clarify some of the problems of private duty and public health nurses as well as those in the hospitals and schools.

Letters have gone out, sixty-odd thousand of them, to the members of the American Nurses' Association. Some have been returned because addresses have been changed without notifying the officers. Responses are pouring in. Occasional ones contain pledges, most of them contain money. A few protest that important matters, such as long hours for private duty nurses, are overlooked and therefore they do not enclose checks. The latter group, of course, is simply uninformed. The private duty study was the first one to get under way. It is still far from completion. Furthermore, social reform comes slowly and any radical alteration in private duty can be brought about by an intelligently informed profession only when it is armed with facts rather than opinions. The Grading Committee is charged with the heavy responsibility of finding the facts.

The contributions which are now coming in are individual gifts. They are not assessments. They are large or small in accordance with the means and the interest in the project of the donors. The Committee to Secure Funds believes that a heavy responsibility rests on the organized profession. The study is of nursing. It is right that it should be financed mainly by nurses. As has already been announced in the *Journal*, the other member organizations participating in the study have contributed funds but not in proportion to their size or the need. If the amounts contributed are in proportion to the interest felt in nursing by these organizations, then those who have feared a loss of control of nursing by nurses may put their fears aside.

The national nursing organizations have already contributed more to the work of the Grading Committee than all the other organizations combined. The profession cannot stop there. Its hand is to the plow and the furrow is long, but it will forge ahead for it is not in the nature of nurses to halt or turn back. State Associations have been wonderfully coöperative in helping to get this work of collecting funds under way. From New Mexico, with one registered school and a scattered population, to New York with its thousands of nurses, from the West, the East, the South, the North and from the great Middle West the response has been "Show us what to do."

Letters have been sent to professional organizations, from the Alumnae Associations on up to the States, to the local and State Leagues of Nursing Education and to the State Organizations for Public Health Nursing. October is the month of beginnings in our organizations. When the

matter of pledging funds from the treasuries for the most important study of nursing that has ever been undertaken is discussed, we predict that close to one hundred per cent of the organized groups will give generously to this vitally important fund, and by giving generously we mean a substantial contribution each year of the five-year period of the study.

Nurses of America, it is our profession which is being studied, our most vital interests are at stake. Let us provide the funds for securing the facts which shall become the bulwarks of our further economic and professional development.

The Interim Conference

MISS CLAYTON, President of the American Nurses' Association and its representative at the Interim Conference, came home filled with enthusiasm. "What made it so worth all the effort?" we asked. "Was it the program? Or the social events, the receptions, luncheons and dinners? Was it the surprisingly large and representative attendance? Was it Geneva itself with the resources of all the various International organizations thrown open to you? Was it Switzerland with its snow-capped peaks and its jewelled lakes?" She shook her head. No, it was no one of these, though all contributed to the sum total. Its lasting value lay in the opportunity afforded for developing acquaintanceships at social gatherings, on excursions, and between meetings and for discussing, informally and from many angles, the problems of the various countries.

It was Miss Clayton's privilege to visit most of the important nursing centers in Europe two years ago. She was undoubtedly a most welcome representative from this country this year, for she returned a tried friend. She speaks with unwonted enthusiasm of the progress being made in many places and of the wonderful spirit and tenacity of purpose with which the nurses of Europe are working out their destiny. The value of the conference is well brought out by her description of that meeting at which the question of standardization of procedure was discussed. "A good idea, but impossible in *my* country with this or that special problem," was the inevitable first reaction; but with discussion came reason. "Would the world progress if one country failed to profit by the scientific discoveries of another?" "What a tragedy if Banting's discovery of Insulin had been confined to Canada because other countries could not change their ways of treating diabetes." And so on, and on until it became quite a reasonable thing to discuss standardization of nursing procedures, terminating finally in the resolution to refer the matter of producing an international textbook to the Committee on Education.

The Swiss nurses, speaking three languages as they do, are not well organised. They were gracious hostesses, and they tell of the marvellous stimulation it has been to them to entertain the International guests, and to attend the sessions. It may be expected that they will now strive as never before for professional independence. The nurses of France, working strenuously in their various centers, have never held a national meeting, but they, too, have been impressed with the value of conferences.

The fruits of the conference, then, may be said to be an advancement in understanding and an enhanced respect on the part of the nurses of the various countries for those of other countries that should prove an advantage not only to the nursing profession itself but a definite contribution to

that internationalism to which so many individuals and organizations at Geneva are devoting their talents.

Hospital Waste

THE problem of making nurses, internes and other workers who have no direct contact with the purchasing and accounting departments intensely and actively self-conscious of individual responsibility in their use of supplies and equipment is ever present in hospitals. The probationer who boiled thermometers to sterilize them provided a joke, but not a serious lesson for her classmates, for they had no conception of the difficulty of raising hospital budgets nor of the amounts spent for the expensive little instruments of precision each year. The graduate who nightly for twenty-eight nights, before the wreckage was traced to her, burned a bath towel by using it to dim a light had no conscience about hospital property. She could not plead ignorance of values, for bath towels are not peculiar to hospitals and twenty-eight would constitute an abundant supply for many a home. The graduate's sin was summarily punished, for the superintendent of nurses rightly complied with the suggestion of the hospital superintendent that such a nurse was unworthy of the trust placed in her and merited ostracism so far as further cases in that hospital were concerned.

It was in the war days that an alert and patriotic superintendent discovered that, in spite of admonitions, her students had not taken to heart our government's request that wheat be conserved. She caused all the imposing amount of broken bread from one meal to be placed in a basket and, at the next meal, showed those young women what petty waste could amount to when multiplied by dozens or hundreds. The actual demonstration won their interest and their intelligent coöperation.

Miss Garrison's article in this issue points the way to other effective methods of teaching the obligation that underlies the use of community funds. It is well known that reiteration of facts is not enough and that common scolding is not effective. The *Journal* editors would welcome descriptions of other methods. For example, there is the continuous teaching that goes on in the classrooms of the Children's Hospital in Cincinnati, where every article, from washcloths up, used in demonstrating nursing procedure has before it a card displaying the actual cost of the article to the hospital.

The bulletin board idea presents endless possibilities for graphic teaching. Nurses don't really mean to be wasters, but many of them need more effective teaching in their homes and in the hospitals. Those who have devised yet other effective methods can do a genuine service by passing the information on through the *Journal*, for habits formed in hospitals tend to persist throughout the professional life of nurses.

The Greatest Mother in the World

COULD the Red Cross bear the distinction of that title so regally if there were no nursing service? Would it truly be "the greatest mother" if it had not the mothering hands of nurses to call upon, nurses who have never yet failed to respond to the call for help?

It was early in the days of the Mississippi flood that we entered Miss Noyes' office in Washington asking if plenty of nurses were available for flood duty. A foolish "Ask it!" Calmly Miss Noyes replied, "But, of course, out of the 5,000 enrolled Red Cross nurses living in the Valley we shall have all we need." And so it

was, even though there were, in that area, nurses like the superintendent of a 25-bed hospital in Mississippi, caring for a daily average of 35, who has written, "My heart ached when I had to refuse the call from my home town, but my duty lay here. I could not desert my ship," and added, "the other Red Cross nurse in our family gave her services, save only for the few days she spent with her small son when he had to be operated on for appendicitis."

Poignantly she wrote of the unpreparedness of the people. Had they not seen the floods of 1882, of 1891, of 1911? They knew, or thought they knew, that only low lying areas would be affected. And now, so long as they shall live, the older members of some of those families will be without some of the comforts and refinements to which they have all their lives been accustomed, for irreplaceable household furnishings are completely destroyed and no rehabilitation program, however generous, could possibly replace them, and family fortunes have been swept away.

In the brief account of those days of the flood, presented in our Department of Red Cross Nursing, is to be found the statement that, at the peak of the disaster, the Red Cross cared for 600,000 homeless people. The aggregation is startling, for it is much larger than the total population of such cities as New Orleans or Cincinnati, or Seattle. The imagination reels at the thought of so much misery. Nor is this anguish a thing of the past. As this brief comment is written, the Honorable Herbert Hoover is again making a first-hand study of the aftermath of the flood and the daily papers are chronicling the generous rehabilitation programs he recommends. Like Belgium, we think those flooded states must thank God for Hoover.

And the nurses? A total of 329, both colored and white, served in the improvised hospitals or as public health nurses during the period of acute distress. How magnificently they served only those who accepted their ministrations can ever really know. Among these were the mothers who were cared for "when alone they presided at childbirth on levees or in box cars."

Occasionally one hears a nurse remark, "But why should I enroll in the Red Cross nursing service; there is no war?" No war? Mankind is forever at war with the elements. Even though world peace were an accomplished fact, there would remain those age-old enemies of man, tempest and fire and flood, and no man knows where they may strike next. These are the reasons for the far flung organization that goes into efficient action the instant the disaster call comes. Not belong? No qualified nurse in any state who has blood in her veins should run the risk of being outside that enrollment when disaster strikes. Nurses of '27, have *you* enrolled?

What's in a Name?

MORE and more buildings, many of them representing large investment, are being erected to house the students of schools of nursing. Time was when Nurses' Home was the generic name applied to such buildings. The majority of them, then and now, contained class rooms, laboratories and other provision for teaching, although it is an open question as to whether this is wholly desirable. Colleges have avoided combining class and dormitory functions under the same roof and there is something to be said for the tradition so established. Seemingly it is a matter of academic or teaching tradition versus the heritage and tradition of economy enforced on

schools of nursing by a public which does not yet understand its obligation to educate the nurses it wants or needs just as it educates other professional workers. It is natural that some of the University schools like Yale (Nathan Smith Hall) and Western Reserve (Mrs. Bolton recently contributed a generous sum for such a building) should have dormitories pure and simple. These schools tend to teach nursing, as such, where the patients are; in or near the wards.

Mt. Sinai Hospital, New York, will shortly open a handsome and spacious new building. It will, according to Dr. Goldwater, be called "The School of Nursing" because it "has been designed essentially as a complete residential school," and it is the purpose in naming the various units of that hospital to describe the functions of the units in so far as is possible.

It is a growing custom to give these buildings specific names in honor of donors or of great nurses. The word Home is tending to drop out and to be replaced by Hall, for much of the intrinsic beauty of the word "home" had been lost in the institutional concept and "hall" conveys the dignity of academic tradition. It is at least twenty years since the Jewish Hospital of Cincinnati named the residence of its nurses "Nurses' Hall." "Nightingale Hall" has seen the development of the school at the Presbyterian Hospital, New York, a school which will move, when the great Medical Center is completed, to the "Anna C. Maxwell Hall" a building that will fittingly honor the woman who has so faithfully trodden in Miss Nightingale's footsteps.

Part of the Johns Hopkins Hospital nurses recently moved into the gracious beauty and dignity of "Hampton House" a monument for all the world to see of the veneration in which the memory of Isabel Hampton Robb is held. It should be a matter of rejoicing at Harper Hospital in Detroit that "McLaughlin Hall" was named in the heyday of a gracious woman's usefulness and not as a memorial. At Good Samaritan Hospital, Cincinnati, "Victoria Hall" is nearing completion. It is named in tribute to Sister Victoria whose labors were so influential in the developmental period of that imposing institution.

The buildings being erected today are certainly much more than mere shelters. Many of them are suitable monuments to pioneer spirits and to sustained effort. Whether they be called Homes, Residences, Halls or Schools of Nursing, they provide a substantial means of bestowing honor where honor is due.

Flora Madeline Shaw

JUST as our pages close, the *British Journal of Nursing* conveys the sad news of the death, in Liverpool, England, of Flora Madeline Shaw, R.N. Miss Shaw, who was president of the Canadian Nurses' Association and director of the School for Graduate Nurses, McGill University, Montreal, was visiting in England following the Interim Conference of the International Council of Nurses when death came to her. Not only was Miss Shaw greatly loved in her own country, she was honored in all that knew her. Her death comes as an especially profound shock at a time when it had just been announced that the International Council of Nurses would meet in Canada in 1929. The sympathy of American nurses goes out to the nurses of Canada in their bereavement.

Our Contributors

For five years **Alice Shepard Gilman, R.N.**, has been in frequent conference with architects, boards of directors and principals of schools of nursing, when they were working out plans for nurses' residences. *Journal* readers will welcome her article on "Basic Principles." It will be followed by one on "Furnishing and Equipment."

We wonder if any other hospital had thought of using butter dishes from the "five and ten" for thermometer trays; we are indebted to the nursing department at Johns Hopkins Hospital for sending us the results of this study.

It is some months since we asked **Bertha M. Wood** for the article on "Diet in Anemia." Being a true scientist, she deferred writing until she had visited several institutions that are conducting studies in the use of liver in the diet.

To discuss so eminent a specialist as **Dr. A. Rollier** of Switzerland would be as absurd as an attempt to paint the lily.

As Superintendent of Broadlawns, the Polk County Public Hospital of Iowa, **Charlotte Janes Garrison, R.N.**, gained invaluable experience in the purchase and care of equipment, for the charming and efficient tuberculosis department was built and equipped under her guidance. She is again doing a piece of true community work, as Superintendent of the Community Hospital, Geneva, Illinois. Small wonder that she feels keenly the importance of teaching nurses and other hospital workers the value of equipment.

R. Louise Metcalfe, B.S., R.N., proves a point raised in the editorial office when we published "Some Time Studies," in July. They *did* make people *think*, which was our objective.

Percy S. Brown is Secretary of the International Management Institute. Although the address he gave at Geneva has been published elsewhere, we believe our readers will welcome this important contribution to the Interim Conference Program of the I. C. N.

We hope private duty nurses in particular will like **Mary May Peterson's (R.N.)** facts about Insulin. Miss Peterson is an Instructor in the School of Muhlenberg Hospital, Plainfield, New Jersey.

Stella F. Akulin is Publicity Secretary for Henry Street Settlement, an organisation which consistently "Tells the Public."

The very interesting papers in the Department of Nursing Education this month are those presented at the Round Table on Obstetrical Nursing at the San Francisco meeting of the National League of Nursing Education. **Mildred E. Newton, B.S., R.N.**, who is Supervisor of Obstetrics at the Pasadena Hospital, acted as chairman. **Mrs. Mabel Mackey, R.N.**, is the Supervisor of Delivery Rooms at Fabiola Hospital, Oakland, California. **Mabel Fennie, R.N.**, now at the Presbyterian Hospital, Denver, Colorado, was formerly Teaching Supervisor of Obstetrics at the Presbyterian Hospital, Chicago. **Calvina MacDonald's (R.N.)** name is imperishably associated with the Cleveland Maternity Hospital, noted for many years for the high quality of its nursing service.

The American Nurses' Association was fortunate in having as its representative at the International Council of Nurses Conference in Geneva its President, **S. Lillian Clayton, R.N.**, because she already had such a wide acquaintance among the nurses of Europe. Her account of the conference will undoubtedly rouse keen interest in the next regular meeting (Montreal, 1929).

THE annual report of the National Committee for the Prevention of Blindness shows that in 1913 there were, throughout the United States, only two sight-saving classes for the education of children with seriously defective vision; that in 1926 there were 265 such classes; but that this is only 5 per cent of the number of such classes needed to provide education for children with serious eye defects without further endangering their sight. More than 4,700 additional sight-saving classes are needed.

Ward Teaching in General and Advanced Obstetrics Courses[1]

BY MILDRED E. NEWTON, R.N.

THE end of the first day in the obstetrical department, brings to the student nurse the feeling that training has commenced anew. In a sense this is true, for instead of the acutely ill surgical patient, or the chronic medical patient facing a discouraging search for health, she is to deal, for the most part, with the radiantly happy mother and her young child. Here are new situations to meet and new experiences to encounter in helping this woman pass safely through the puerperal period and regain her strength, so that she may be fitted to resume the responsibilities of her home and to intelligently care for her baby.

The first lesson which the student must learn will be to apply the knowledge which she has previously mastered to the problems of her new task. She will find that the principles of aseptic technic, of general nursing care, of dietetics, and of psychology with which she is already familiar, will furnish her a sound basis for this work also.

Next in importance comes the attitude she will take toward this branch of nursing. It would be well if every student could become thoroughly familiar with Carolyn VanBlarcom's introduction to her text on "Obstetrical Nursing," and filled with the spirit which pervades the entire book. She would then begin her work with a clearer understanding of the essential characteristics of a good obstetrical nurse, of the nation's need for the most exacting care of the mother and the baby, and finally the manner in which this care, intelligently given, can satisfy her own maternal and creative instincts.

To accomplish this task certain traits of character must be specially developed, the most important of which, as noted by Miss VanBlarcom, are cleanliness, adaptability, watchfulness, and sympathy. In seeming contrast to adaptability, might we add the skill to systematize her work, for in no other department is routine so necessary, or so well to establish, as in the care of the puerpera and the infant.

The head of an obstetrical department has one teaching advantage which some medical and surgical supervisors may not have, and that is she usually has the classwork in her own subject. This gives her the opportunity to study each student's interest in and comprehension of the theory of her subject, and also watch her ability to apply this theory to her ward work. The supervisor will also discover what points in the doctor's lectures the students have not grasped the significance of, and what points in her presentation of the nursing care need

[1] The papers by Miss Newton, Miss Fennie, Mrs. Mackey and Miss MacDonald were given at the Obstetrical Conference of which Miss Newton was chairman, held at the annual meeting of the National League of Nursing Education, San Francisco, Calif., June 9, 1927.

special emphasis. She will realize that the classwork is but the introduction to the student's study of obstetrics, the ward teaching the real course, and the care of the patient the final test. The methods of improving ward teaching were fully discussed at last year's convention, and many very helpful articles on it have appeared in recent nursing journals. We obstetrical supervisors, as a group, become almost too ready to say, "But our problems are different," and feel that such suggestions do not apply to our department. We must learn, with our students, that fundamental principles do not vary with departments, and that they may be applied in our work as well as in any other. Of course the details of their application may be changed to suit the needs of an obstetrical floor. Here, also, the short ward clinics or discussion, found so helpful in other departments, can be successfully carried out. Enough interesting and instructive material may be found in any ward or nursery for one or two periods a week.

In addition to the text used in the classroom, the most helpful possible teaching guide on an obstetrical ward, is a department manual. It is a means of formulating all of the unwritten traditions into definitely worded policies, and giving a firm basis to orders which have always been considered routine. There should be three sections, one for the floor, nursery and delivery rooms, including such topics as visiting regulations, the procedures used especially in maternity, directions for the care of the premature baby, rules for aseptic technic in the isolated nursery, and the preparation of delivery room supplies. Until the time comes when nursing procedures are standardized throughout the profession, such a manual will do much toward maintaining a uniformity of practice in a department where there are special and general duty nurses from various schools. In this connection, we must not forget that the student nurses are, perhaps unconsciously, looking to the graduates for examples in the type of nursing care which they give, and in the methods which they follow. It may be helpful to include other material, such as copies of special diets or frequently ordered formulae, where they will be easily accessible to both the doctor and the nurse. A copy of a functional analysis of the work of each group of nurses and of the help in the department, is also useful for reference. Of course the attending obstetricians will have their special and standing orders to supplement the department routine or to note points in which they do not wish this order followed. We have found that through the use of the manual, the staff doctors have become willing to agree on more and more points, in order to simplify the work of the nurses, and to give the patients more uniform care.

In the thirty- or forty-bed obstetrical department of a general hospital, where there are no definite teaching wards, it may be difficult to find cases where it would be practical to carry on the detailed case study which may be followed in a larger department. The value of such study is a well-accepted fact, and a modified form of experience record may, in a measure, fill its place. The following suggested type has two chief advantages. It first stimulates the student's interest by giving her a better idea of the conditions which she must be watching for. Then it also gives the supervisor a clearer picture of the experience which each student is receiving, and so becomes a definite help to her in the assignment of work.

The report is divided into delivery, infants' and mothers' records, including in the latter, the prenatal conditions for which a patient may be admitted to an obstetrical ward. Each sheet is divided into columns, headed "Condition or Complications," "Patient," "Date" and "Remarks." The first are given in outline form, such as types of operative deliveries, breast conditions, or injuries to the blood-vascular system of the newborn infant. As the student has a chance to study one of these conditions, the patient's name and dates are noted. The space in the remarks column is, perhaps, too limited, but it gives the supervisor a chance to tell whether the student can differentiate between essentials and nonessentials in her word picture of the condition.

So far, this paper has dealt with teaching the student in the general course. In many schools a four months' advanced elective course is open to seniors. This should have as its objectives: first, the special preparation of the student for obstetrical nursing; second, the preparation of the student for the administration of an obstetrical department; and third, the determination of her ability to teach the younger students and the mothers.

This longer continued study of the care of the mother and her baby should do much to prepare the student for private duty nursing with obstetrical patients, if that is her aim. The practical work in the department is planned to prepare her for the second point, administration. A suggested division of time is as follows: eight weeks of senior duty on the floor, assisting the department supervisor; three weeks, learning the administration of the nursery; three weeks, assisting the delivery room supervisor; and three weeks of night duty, either with the night maternity supervisor or, in case there is none, in charge of the obstetrical department under the direction of the general night supervisor. As will be noted, in all except the senior duty on the floor, this gives an extra nurse in each of the other positions, one who could be done without. However, if the student is to learn the full details of the administration of the department, such experience is an absolute necessity, and we must remember that the student is in the school to receive the best possible training, rather than to be used for the hospital's convenience. This period of night duty should be the real test of her entire course, from several standpoints. Usually there are more deliveries at that time, giving her a chance to direct the care of more patients during labor and delivery. She has also, under guidance, the supervision of the entire department, and as will be discussed again, the teaching responsibility of the night supervisor is, perhaps, even greater than that of those in charge of the daytime.

No mention is being made of prenatal work, purposely, first because it is being presented by others in this conference; and second because it is generally considered that in the small general hospital, it is impractical to undertake advanced instruction along that line, postgraduate courses being advised.

Excellent opportunities for the correlation of theory and practice are presented for the student in the elective course. Two hours a week of advanced reading should be assigned, the topic being chosen according to the department in which she is working, and relating to some condition she has met in the previous week. Of course this means that the supervisor must be familiar with a number of assignments, from which she can select

the one which will be the most helpful to the student in each case. This requires time and research on her part, but she herself gains enough to more than repay her efforts. These readings, as is true with the other work of the course, must be selected according to each student's ability to handle advanced assignments and to assume more responsibility, and increased in difficulty, as she progresses and develops. She can still further apply her theory by occasionally taking charge of the morning clinics, giving the discussion of the case or condition about which she has been reading.

Frequent conferences with the department supervisor are valuable, when various problems peculiar to an obstetrical department are discussed. This instruction is most essential, as only in this way can the student be prepared to meet the important situations which may not arise frequently, but which may develop during an hour when she is alone in charge of the department.

Visits to other hospitals may be of educational value if conducted in the right manner. If the trip is made in a teachable rather than critical spirit, good suggestions and new ideas will be received. It will increase the value of these excursions if the special points to be noted and inquiries made are discussed with the student beforehand and tabulated later. After several trips this will give an instructive comparison of the methods used in the departments visited.

In considering the last objective, it can readily be seen that such a course affords many opportunities for the student to teach and direct the work of the younger students, while she herself is under constant supervision. In her contacts with the mothers, also, she must be ready at all times to teach. This means that she must perfect her own methods of procedure and thoroughly master the principles of puerperal and infant care, before she attempts to teach others. All students should be prepared to give a demonstration baby's bath, with careful explanations, to each mother before her dismissal, or detailed bedside instruction, in case she is not able to come to the nursery. The government bulletins on "Infant Care" and "Mental Training of the Young Child" may be kept on hand for the mothers who have no reliable book on the care of the baby.

At the end of the first half of the course, the student may be asked to select a topic for a term paper, to be presented at the end of her four months. She may choose some subject which has been of particular interest to her, using records of patients whom she has observed to illustrate her points. A final examination is helpful in determining how well she has grasped her readings and certain problems of the ward, and also in making the student realize that she has been pursuing a definite course of study, and not just "putting in four months' time at maternity."

In summing up the methods of teaching the student in the general course, we find that the supervisor's responsibility lies in helping the student apply her nursing principles to these new problems and gain a sympathetic understanding of them; develop the qualities of character which will enable her to serve her patients in the most efficient manner possible; and continue the study begun in the classroom, testing her ability to apply her theory by her daily work on the ward. In the advanced course the student is prepared for specialization in obstetrical nursing, for the administration of an obstetrical ward, and

her ability as a teacher is determined. After the weeks and months spent in such work, she will come to realize, as Miss VanBlarcom says, that:

> The opportunities for self-expression which are open to the nurse who gives this form of service make us wonder if she should not be included in the enviable group of those whose life work is an expression of themselves, the poets and painters; the architects, musicians and sculptors, those who create and build because of an urge within them. Surely the spirit and the results of the work of the nurse who thus gives of herself, may be ranged with the efforts of those whose work is an expression of themselves.

Classroom Teaching in Obstetrics

By Mabel Mackey, R.N.

CLASSROOM work by the obstetrical supervisor, although necessarily limited, is stimulating and clarifying both to herself and the student. It gives them an opportunity to meet, when there is no question of getting work done. It gives each an opportunity to see the other from a new point of view. A contact of friendliness, understanding, and increased respect is established. The supervisor at the same time learns not only to organize her experience for the benefit of others, but to appreciate the efforts of the school instructors; while a change of teaching method and even of voice is refreshing to the student.

Preceding or coincident with her work is the customary course of lectures which it is now her duty to supplement by explanation, discussion and quizzing, with the advantage of concrete examples in patients known who present or have presented different complications. The section pelvis and mannikin used for demonstration by the doctor may again be used for the small group if it is possible. Quite a percentage of the large group in the lecture room probably saw very little.

Nursing care has to be demonstrated individually or to very small groups. Demonstrations to large groups show results only in the case of advanced students. Given individually, or to groups of two or three and not more than ten, they are much more impressive, especially when follow-up work is done. In all demonstration work the student must demonstrate back to the teacher, if she is to derive full benefit. This can only be done by small groups.

The best way to stimulate interest is to let the nurses know what is going on. This presupposes continuous consciousness of their lack of knowledge and natural curiosity and an eagerness to satisfy it. Case studies are an invaluable aid in getting knowledge over.

Increased watchfulness during labor can be brought about by supplying each student with a pocket notebook in which she keeps a record of essentials in progress. Biweekly or more frequent inspection of the book is necessary, according to the student.

In class, special stress can be laid on the nurse's part in prenatal care, observations to be made in order to avoid accidents during pregnancy and labor, technic to be observed during delivery, ocular prophylaxis, care of cord and skin, technic of feeding, etc. Examination and quizzes are based on practical details which the constant reference to cases under observation has emphasized.

From the teaching supervisor, also,

should be transmitted a wholesome respect for and awe of the miracle and romance of life as it is constantly being unfolded before them and a knowledge that they are intelligently aiding and directing a necessary thing, namely, the fulfillment of the destiny of human beings.

The Work of the Teaching Supervisor in the Obstetrical Department

By Mabel D. Fennie, R.N.

OBSTETRICS is a practical subject and must be taught practically if it is to be taught effectively. As teaching supervisor of obstetrical nursing in the Presbyterian Hospital, Chicago, I found a decided need for individual supervision and for practical demonstrations, given in the department. The supervisor of a large obstetrical floor is too busied by administrative duties to carry on these functions; the instructors of general nursing subjects are often not sufficiently conversant with the routine of the department and are furthermore too occupied to learn it. In addition, the teaching material must be used while available, and it is not always possible to make this time conform to a carefully worked out class schedule.

The teaching of the theory of obstetrics was done by one of the staff physicians, the course given during the second year. Each lecture was followed by a class. The first fifteen minutes of this class were used for an oral or a written quiz. The remainder of the time was spent in giving a practical demonstration. The students themselves brought up many points during the hour, and the recapitulation of the lecture work, followed by the procedures pertaining to that lecture, seemed to bring to the student a clearer picture and also to increase the interest in the course.

The major demonstrations and discussions were given in the following order:

First, the students were taken to the prenatal clinics. There they watched the physical examinations and noted the maternal changes, both local and general. Some points stressed here were the use of the pelvimeter, the sphygmomanometer, the making of abdominal palpations, the carrying out of routine urinalysis and the taking of the fœtal heart tones.

The second demonstration is concerned with the important points to be observed when watching the patient in labor, and the duties of the nurse during this period.

Following this we have the demonstration of the specific duties after the patient has been admitted to the delivery room and their apportionment to the first, second and third stages in labor. This demonstration, of course, includes that of the delivery room technic.

The fourth demonstration should logically be that of actual deliveries—normal, forceps, and by Cæsarian section. This cannot always be given at exactly this time, but at some time during the course each student was

given the opportunity to see each of these as demonstrated in the amphitheatre.

The fifth demonstration included care during the puerperium. In this come the care of the breast, of the genitals, and the general personal care. Here there is the opportunity of educating the patient as well as the nurse.

Following this comes the routine care of the normal full-term infant and also a very detailed nursing technic for the care of the premature infant.

After the normal puerperium and new-born infant had been considered, the next class periods were devoted to all probable complications during the puerperium and to those disorders which may arise during the first few weeks of life.

There are included such items as the care of fissured nipples, of engorged breasts, the significance of high temperatures, and isolation technic.

Not logically the last in order, but placed there for many reasons, is the demonstration in prenatal care. This is given in the clinic room. Here a patient was assigned to each student, and she first took the complete history, following which she made the physical examination with the interne, and at last the nurse was permitted to give the patient the instructions for the care of herself. They felt the responsibility of this duty and prepared for it with great care.

The students are given a typewritten outline of the various technics, and are in addition required to keep a notebook of the entire course, to be handed in at the end of the term.

The student may now be considered ready to enter upon her practical work in the obstetrical department, and she usually does so enthusiastically and with a sound foundation upon which to start her work. Once here she spends her first day in learning the arrangement of the floor and the location of equipment. The fundamental demonstrations are reviewed and, if necessary, repeated before the student is actually assigned any work, and in this way our routine is firmly established. When this has been accomplished, and the methods of the department are thoroughly understood by the doctors, all moves along smoothly, and the obstetrical education of the nurse is assured.

The Teaching Value of Prenatal Dispensaries and Out-Patient Work to Student Nurses

By Calvina MacDonald, R.N.

THE prenatal dispensary and out-patient service, because of its intimate contact with the family life, carries with it great responsibilities. To limit its scope to the physical well-being of the mother and baby, is touching only the fringe of its potentiality. All that goes into the making or breaking of a home is the business of such a clinic—

The husband diseased, out of work, or in difficulty of any kind.

The health and happiness of other children in the family.

Lack of efficiency or spirit of coöperation in the pregnant woman herself.

These are a few of the problems brought to our dispensaries for solution.

The happy influence of the dispensary on the home is only beginning

to be recognized. Thought is being taken that the unavoidable waiting periods of our women in the clinics be put to good use by encouraging them to bring along a bit of sewing or knitting for the new baby. Good volunteer teachers are eager to help in this work. Regular classes in sewing, knitting and, most important of all, cooking, are a great inspiration to these women. Many of them had had no training of any kind before marriage. Is it much wonder the husband grows discouraged on coming home to a slovenly house, badly cooked food, ill-nourished children and general misery?

Garment cutting, sewing, knitting, the art of cleaning, the art of cooking, the care of a baby, and simple budgeting can all be gotten over to the average clinic group during the two or three months that the members are under the direct supervision of the clinic's personnel. Such a service must be well organized, sufficiently budgeted and ideally manned before it can do justice to its high calling.

The economic, physical, moral and spiritual shortcomings of the family, whether it numbers two souls or ten, are exaggerated by the coming of a new life. Only the highest type of worker should undertake to minister to these needs. The novice or experimenter has no place here.

The physical equipment of such a service is of least importance. Splendid work has been started on enthusiasm plus an obstetrician's bag. I have in mind one prenatal and delivery service begun, twenty years ago, by a young physician who realized the utter lack of care among the poor and the absence of obstetrical experience for senior medical students in his own Alma Mater. He offered his services to the women of the congested districts. His own mother prepared his sterile supplies and took all calls for the first year. That service is today one of the finest clinics in this country.

In 1926 its dispensaries gave prenatal care to	3,200
The service was responsible for the delivery of	2,800
The postpartum calls made by nurses to the homes numbered	38,700

It is the teaching center in obstetrics of one of your largest medical schools and of a university school of nursing. Its success and usefulness are due to the high ideals of its originator. He chose as his associates only those who were of like mind. To qualify as his coworker, physician, nurse and social worker must possess knowledge, judgment and kindness of heart. Only such were allowed to care for expectant mothers, direct young doctors and teach student nurses.

Since the subject for discussion is "The Prenatal Dispensary and Out-Patient as Laboratory for Student Nurses," I should like to make four simple recommendations:

1st. That the student have adequate general nursing theory and practice before she is sent to a maternity ward or hospital.

2nd. That she be given thorough teaching and experience in obstetrics under proper supervision, in wards, nurseries and delivery rooms before entering the out-patient department.

3rd. That the personnel of the clinic recognise their responsibilities to a student nurse. She is there primarily to learn, that she may teach.

4th. Other things being equal, that the clinic to which she is sent be one where routine is not allowed to crowd out human sympathy.

All realize the folly of sending a nurse to a maternity ward or hospital without sufficient groundwork in general nursing. She flounders miserably in a sea of difficulties. The rigid

technic confuses her, the emergency nature of the work terrifies. She will finish with relief, having acquired only a distaste for a subject she had not sufficient preparation to assimilate. Two full years of general work is the minimum preparation she will need before attempting obstetrical nursing. These two years should be in actual contact with patients.

The groundwork in obstetrics should be completely covered. Every procedure should be demonstrated to her in classroom or ward before she is allowed to put them into practice. Without in the least minimizing the need of the classroom instruction, it is only at the bedside of the mothers, in the delivery rooms, and in the nursery, that love of maternity nursing can be developed. Doctors and head nurses are the best teachers.

Before sending a student nurse to care for a maternity patient, certain outstanding idiosyncrasies of the lying-in woman should be explained, the patient's susceptibility to infections emphasized, the dovetailing of mother's and baby's health dwelt upon. The necessity of surgical cleanliness in caring for the baby should be demonstrated by having the student look through a magnifying glass at the network of tiny fissures—avenues of infection. The picture will explain to her the necessity for a rigid technic in caring for young infants.

Three months will give her no more than time to cover the essentials of the groundwork needed. She will probably see during these three months of preparation for the out-patient department, the effect of anxiety and fear on the milk supply; she will learn that there is one right and many wrong ways of carrying out the simple procedure of putting a baby to the breast. Trying to nurse with head extended is painful to a baby who has, for nine months, held the head markedly flexed.

The pricelessness of mother's milk will have been fully demonstrated by its effect on premature infants. There should be no fear of the nurse allowing this life-giving fluid to diminish or disappear through lack of stimulation. She learns, sometimes by dire experience, that a tiny spot on the skin of one infant is a menace to all the other babies in the nursery. Her conscience has grown as tender as her hands have learned to be.

The teamwork of doctors, nurses and technicians necessary to save the life of an emergency placenta previa; the treatment of a neglected toxemia in convulsions; the patience and skill with which a stubborn case of pernicious vomiting is cared for—have dispelled any illusions she may have held about the care of a pregnant woman being left to nature or chance. With all our efforts at preparation, we still, at the end of three months, send the student into the dispensaries with many misgivings.

Roughly, the out-patient work may be divided into four departments—prenatal, delivery, postpartum and that special branch which watches over mother and baby until they are part of the every-day life again, the Social Service Department. This out-patient service might well be called the normal school of the nurse's education; she must teach while she is being taught.

The instructors are physicians, supervising nurses and social workers. Happy, indeed, is the nurse who meets in them knowledge, enthusiasm and love of mankind which alone make this work worth while.

It will be her privilege to witness the influence of one nurse over an indifferent "mother-to-be," a social worker bringing order out of domestic

chaos, a good physician with sympathy and truth relieving a mind terrified by superstitions, while he, all senses alert, searches for real danger signals. Any deviation from the normal in measurements of mother, in size or position of baby, in blood pressure, skin, eyes and urine are pointed out and explained to his fellow worker, the student nurse. In the records open to her can be read all the difficulties that menace the life of mother and fœtus.

Under the physician's guidance, her hands learn position, size and activity of the unborn. Her ears and eyes grow sensitive to sound and change. She is acquiring the most valuable experience needed to anticipate accident to mother and child. Sensitive touch and hearing are the obstetrical nurse's most valuable assets.

Her next privilege is that of assisting the doctor in home deliveries. With her goes the teaching supervisor until she is capable of carrying on alone. All the tact and ingenuity in her make-up will be called forth and developed by this experience.

Before she is started on her postpartum work, she is carefully instructed in procedures, all bag equipment is explained, and precautions against error given. A supervisor again accompanies her to introduce her to her patients and demonstrate the routine. When left to proceed alone, she is urged to call upon her teacher for advice and criticism. She is expected to keep careful records of all circumstances affecting mother and baby and to confer with her supervisor on her return to the hospital.

The same careful guidance is given these young nurses by the social worker. The futility of physical care in the midst of family discord; the hopelessness of attempting to nourish a baby until the mother has sufficient food for herself and the other members of the family; the joy of recognising in a simple adequate layette and a pan of home-made bran biscuits, the results of the dispensary classes for mothers—these all count in her day's work.

Though very desirable, it is not always possible in one short month of out-patient work to give the student the opportunity of knowing the same patient—prenatal, natal and postnatal. In our very active dispensaries this is done as often as possible. Although the antepartum period of observation is necessarily short, the experience obtained in that month is worth while to both student and patient. It gives us, their teachers, a glimpse of the great value to all concerned, which would accrue if six or eight months might be given to this work. Students who major in obstetrics invariably realize the ever increasing value of each succeeding month.

The seeds of knowledge planted during the first half of their course take root during the second. Our student is learning the meaning of public health nursing in one of its most important branches. If nurses in sufficient numbers could devote eight months of their senior year to obstetrical nursing in all its phases, the problem of the untrained midwife would be well on its way to solution.

Where To Send Material for the *Journal*

IN addressing the *American Journal of Nursing*, send all editorial correspondence, manuscripts, and books for review to the editorial office, 370 Seventh Ave., New York. Send subscriptions, advertisements, and news items to the business office, 19 West Main St., Rochester, N. Y.

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*
Director, Nursing Service, American Red Cross

Red Cross Nurses Finish Work in Mississippi Valley

ALTHOUGH stories about the Mississippi flood have been crowded from the front pages of the newspapers, they continue to occupy a conspicuous place in reports from American Red Cross workers in the Valley. Still a vital problem to the Southland and, consequently, to the "Greatest Mother," the river is holding at bay, even now, nearly 2,000 persons whose homes in the drowned lands are untenable today, more than five months after the flood. Four Red Cross camps are sheltering these homeless in Louisiana and Arkansas and 129,491 persons, outside of camps, are depending upon the relief organization for aid.

Of the total of 329 Red Cross nurses whose services have been employed during the flood, 54 were still on duty in Arkansas, Mississippi and Louisiana on August 6. Fifty-one were stationed in Louisiana, one in Arkansas, and two in Mississippi. In all states but one, Louisiana, the emergency nursing program has been completed.

The Emergency Phase

COMPLETION of this program means the accomplishment of a titanic task that fairly beggars description. The nurses and doctors worked valiantly in the face of obstacles equalled only in time of war and met the situation with the same unflinching loyalty and devotion to duty.

Refugees had been streaming into the camps—and at the peak of the disaster the Red Cross was maintaining 138 camps with a population of approximately 600,000 homeless—as fast as the levees broke inundating homes and farmlands. Each boatload increased the burden which the nurses carried. There were old people shaken by their terrible experiences, sick folks, mothers with newly-born babies and still others about to become mothers; children with measles and whooping cough and the danger of typhoid, malaria and other epidemics. Literally tons of quinine were administered in an effort to prevent malaria and thousands were inoculated daily against smallpox and typhoid with the result that a possible, serious epidemic was forestalled.

Doctors and sanitary experts from neighboring states worked busily coping with sanitary problems involved in establishing camps; spread oil on the stagnant back-waters to kill off malaria-carrying mosquitos; supervised the care of those who were ill, hastily improvising hospitals for this purpose.

Nurses were assigned to camps and in addition frequently went from house to house, in boats, caring for those who were marooned on second and third stories. One nurse went her rounds in hip boots! Another reported that she wore out her hypodermic needles during the rush of inoculations and not being able to secure more, immediately, kept her eyes alert for the first grindstone that appeared above the water, salvaged it, and sharpened them to continue her work. Alone, they presided at childbirths on levees and in box cars! During the first months of the flood Elizabeth G. Fox, National Director of the Red Cross Public Health Nursing Service, was in charge of the work of this

vanguard of mercy. Later she was relieved by I. Malinde Havey, the Assistant Director.

The Follow-up Task

IN the wake of the flood waters, as they receded, leaving mud-coated houses and stagnant marshlands where farms had been, went clean-up teams consisting of doctors, sanitary engineers, and nurses to safeguard their health. The clean-up campaign was undertaken to complete inoculations, insure sanitary conditions and supervise health work in the various communities. Nurses, worn out by the long hours of emergency work, sacrificed vacation opportunities and undertook this gruelling task in their desire to complete the job they had undertaken as speedily as possible. Again relief officials were able to report no epidemics. Actually there was no more disease than under normal conditions.

"The more I see of our Red Cross nurses, the prouder I become," Miss Havey wrote, in a letter which brought one of her weekly reports.

Some of them are perfect trumps in the way they are working from early morning until late at night, stopping at noon only long enough for a bite and the hot sun is not adding to their comfort, especially out in the tent colonies. The complaisance and resignation of the refugees no doubt help the nurses in meeting their tasks more cheerfully. Wherever I go I find the nurses full of praise for the fine spirit that exists. One really has to see it to appreciate it.

In the same letter, Miss Havey gives a graphic picture of the emergency Red Cross hospitals in Lafayette, Louisiana, one of the largest refugee centers, expressing enthusiasm over the way nurses made the most of those facilities at hand.

Last week I visited Lafayette, and I shall never forget what I saw there. Two hospitals, one for white and one for colored patients had been fitted up in school buildings. The white school building is new and has the appearance of a well-equipped city hospital. The cots were all covered with nice white sheets and lined up in even rows. I was simply amased at the care which the few nurses on duty were able to give.

Each classroom was made into wards for groups—such as maternity, adult men, adult women, children and prenatals. The superintendent's office was used for the nurses' office and another small front office was equipped as a diet kitchen with a huge refrigerator containing plenty of ice.

On the second floor the office of the regular school physician which had a lavatory attached, with tile flooring, had been made up as a delivery room. The improvised equipment was interesting to see. It is really great when you think what can be done in an emergency. I shall always think of that school building as a general hospital.

The colored hospital is in the Paul Breaux school which includes several buildings surrounded by lovely huge live oaks. The colored camp adjoins this. Orderliness and cleanliness of this place is simply beyond one's imagination. A number of colored nurses are on duty in the hospital and were so proud to exhibit their various wards, all of which were in perfect order.

Babies Are Plentiful

IN less than a month fifty babies were born in these two hospitals; and many others, which had been born at near-by places, were cared for there by the "Greatest Mother." It is a tribute to the devotion of attending physicians and to the skill of the Red Cross nurse, that in all this number there was not one infection, not one mother lost, and but one stillborn infant. And a thrill was added when a colored mother presented the camp with triplets!

"The babies thrive and grow and seem to understand the situation," writes Mrs. Adeline Strohe Weis, a nurse, in her report to headquarters.

They are exceptionally well-behaved. The mothers, of sturdy "Teche" country stock, have lived close to nature and are endowed with a power of endurance and spirit of faith

that is beautiful and touching. They are without pretense or prejudice. They obey orders, are patient and silent.

They all love their babies, be it the first or fifteenth, and are grateful for the care given them. Their acclamations of "chere bebe" and "jolie popie" are poured over each new arrival, for theirs is a spirit of mutual sympathy that is outstanding.

Wednesday of the week is baptismal day! All those found in the camp, who have not been baptised, are brought out, the new-born are arrayed in their poor best, names are selected, baptismal certificates filled out, and sponsors sought from all walks of life. When the line-up of middling, little and big is completed, the ceremony starts. So do their howls and tears! By the time it is over we are worn out, but are comforted by the assurance that "God lives and all is well."

The mothers are permitted to dress on the ninth day and visit from cot to cot. At the end of two weeks they leave the hospital, returning either to their own homes, to the homes of friends in the city, or to the Red Cross camps. Once a week they come back to the hospital to have their babies weighed and to consult the nurses.

"Muddy waters that inundated homes and gardens came in February and stayed through June," another nurse writes from Market Tree, Arkansas. Sometimes it receded enough to permit planting but the gardens were frequently flooded two or three times! Enough, indeed, to make the people sick at heart!

With the aid of elevated walks and boats, many families remained in their homes where water did not cover the floor. They could not find their pumps and it was often necessary to use the flood water for drinking purposes. It can be easily imagined that the nurse had a problem in reaching these people but, since it was vitally necessary, reach them they did.

We talked to them in the homes, on the streets, and in the stores. The greatest number were reached on ration days, when a member of each family came in to get an order of food given by the Red Cross. These people I talked to in small groups or, rather, as they came—two, three, or more at a time—for rations. We gave them leaflets on protective health measures—typhoid, malaria, dysentery, pellagra, fly danger and kindred topics.

I gave seventy-five ounces of quinine in little paper sacks and capsules, as long as it lasted, to more than 300 people a day. Many were suffering from chills and fevers.

Typhoid inoculation clinics were established in the isolated places. Since the road conditions were improving, some places were reached by automobile part of the way, a two-mile walk by the railroad track, and the rest of the way in a wagon. Other places were reached by boat, and rail. To reach one place the nurse donned rubber boots, borrowed from a Boy Scout, and walking across a muddy field reached a boat that took her to the steps of the home.

The supply of nurses for floor duty was drawn principally from a reserve of more than 5,000 Red Cross nurses registered with committees in Kentucky, Louisiana, Mississippi, Tennessee, Arkansas, Illinois and Missouri, although practically every part of the country was represented. One hundred and fifteen public health nurses and 196 other graduate nurses were included in the 329 who saw service at the disaster front. The balance comprised 16 practical nurses and two student nurses. Forty-three, of a total of 55 colored nurses, were graduates and the rest practical nurses.

Coöperation from Other Agencies

THE Red Cross realizes that a large share of credit for the success of the nursing service necessarily goes to those hospitals, health departments, visiting nurse associations, Red Cross Chapters, and other agencies that willingly released nurses in their employ to assist in the flood work. Without the splendid coöperation

given by everyone approached, we could have served neither so speedily nor so well. The Mississippi Valley nursing problem would have been well nigh impossible to handle without their support and the Red Cross is deeply grateful to all these institutions and agencies as well as to the nurses themselves.

Enrollments Annulled

THE enrollment of the following American Red Cross nurses has been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is annulled. Mrs. Laura M. Adams; Ines Isabell Agee; Amy L. Aldridge; Emmeline Andersen; Lillian C. Anderson; Olga Ruth Anderson; Josephine Archer; Marguerite Virginia Arnold; Agnes Teresa Bailie; Edna G. Baker; Ethel Maude Baker; Mrs. L. L. Bapst, *nee* Catherine McNally; Clara Lydia Barr; Edith California Beard; Mrs. Mary Anna Bell; Mrs. Edna Berglund, *nee* Barmby; Mrs. John Birnie, *nee* Mary Louella Simpson; Mrs. Margaret Bissacca, *nee* Williams; Edna Bernice Boling; Nellie Boyd; Mary Harris Bradley; Mrs. J. W. Briggs, *nee* Olive Iola Winnington; Mrs. Nevie Rae Brooks; Leila Brown; Edith Emily Buckard; Viola Mae Burleson; Grace Charles Burris.

Community Life

A COMMUNITY may be thought of as a group of persons living in a neighborhood, a town, or some other area. Or it may be thought of as a group of persons who work together in some important activity of life. Sometimes a community has both a definite territorial boundary and a particular function or activity. For example, the people of a county act as a community in developing roads; the people of a city act as a community in developing schools; and the people of the whole world may act together as a community in providing themselves with what they need and in maintaining peace and harmony.—"Vocational Readings," by Lyon and Butler.

Why Students Leave Schools of Nursing

THE New York State Department of Education, replying to the statement in the Report of the Committee on Nursing of the New York State Hospital Association, accepted in May, gives some highly illuminating facts based on data collected from the schools.

The report stated: "It appears to the committee that the unreasonably difficult and unsuitable preliminary course is one of the principal causes of the large percentage of failures to continue the nurse training course; and that the one-year high school students, for whom the course is supposedly planned, are not equipped to bear the mental strain. Furthermore, your committee feels that at the end of four months of this theoretical grind, the question of whether the pupil would become a good nurse is still unsettled, since many girls who would be unable to stand this unreasonable mental strain might make good nurses. On the contrary, many who could successfully endure the mental drudgery would not be adapted to the practical application of the work."

Reply.—The education department regrets that this committee did not avail itself of the statistical facts on file in the department in order that the committee might have presented the true reasons why student nurses do not complete their courses. Therefore, for the information of the committee and others the real reasons as stated by the hospitals themselves are presented herewith:

	Per cent
Illness (Due largely to organic and functional conditions existing previous to admission but not discovered because of incomplete physical examination on entrance)	17
Dislike of practical work	10
Undesirable or incompetent	8
Not fitted for the work (undisciplined, unreliable, unsympathetic, outside interests, etc.)	25
To be married	9
Unable to carry theoretical curriculum	2
Misconduct and infringement of rules	6
Transferred to other schools	7
Died	1
Home conditions and personal reasons	15

(Percentages approximate.)

To Linda Richards

By Mabel Adams Ayer

Mary's Help Hospital, San Francisco, California

WHEN Beauty's softest touch our hearts shall thrill,
Awakening thoughts and striking memory's chord,
A splendid vision as a gift from God
Gives tribute unto sufferings deep until
A woman's poise, her strength, her love, should fill
That certain need which nursing fields afford,
Inspiring, teaching, serving, while restored
To higher planes of action there was still
That inner life of all that must be true
Before the burdens of large issues we can bear.
She builded ever firmly, yet withdrew
To build again; from Boston's treasures rare
To far Japan. Ah, yes—there must ensue
That calm rejoicing in a soul so dear.

A Student's Contribution to a Patient's Recovery

By a Student Nurse

Connecticut

AN opportunity came my way to see what I could accomplish with a long-standing case of hemiplegia of the right arm. The patient had been treated at varying intervals, and with only slight and transient success, during two years, and had a record of non-coöperativeness. He presented a hand hooked rather rigidly into a semi-closed position. His evident handicap with the language made him rather inarticulate; his reactions had to be mainly surmised.

I approached his condition with a natural interest, eager to see what impression one treatment could make. Enthusiasm as to obvious results was inevitable, and evidently contagious. The man himself seemed to take on a new look as his resistant, curved hand became supple and straightened. This was accomplished by slow, deep, relaxing massage and slight stretching exercise (passive). Following the suggestion of one long acquainted with his case, that it was too bad for him to lose the benefit of this result, that it might be retained with a support—to take the temporary place of the one he persistently failed to keep on or to bring with him for replacement—I bandaged the hand in position. This was accomplished with

splint boards, padding, and bandage rolls, and with his non-resistance and even seeming interest. At any effort on his part, however, the hand became flexed again, could not be forced to resume the straightened position, and had to be almost as slowly worked back into position as on the initial treatment. Careful applying of a firm bandage in a somewhat overcorrected position allowed the man to depart with a light, stable, comfortable support to his straightened hand. He was urged to wear this during the week and to return, bringing his formed-support with him. Having seemed to take a new hold, I expected that he would return as he said.

The next view of the patient was on the appointed day. The hand had been retained in the support most of the week, being discarded on Sunday and probably because of its uncleanly appearance, as one could understand. The hand had not returned to its exaggerated position of only a week previous, though it needed correction again. The regular, but little used splint, was at this time forthcoming, as well. And such an unwieldy thing! Granted it was all strapped to position, after careful massage and straightening, we could not possibly get the man's coat sleeve over it. This, then, seemed a very likely cause for his hitherto unexplained lack of cooperation. Perhaps the support had first been applied in summer, when coat-wearing was not a consideration. (This man is forced to go about for such work as he can do.) With a number of people treating him and recording his not coöperating, and with each one being busy, it can be imagined that a new approach was timely, and I happened to have the chance. A second time the man went out, bandaged to the impromptu splint, looking pleased and encouraged. His aluminum form is being cut down to a more efficient size. He gives promise of taking a new hold on the treatment, has new interest in his case, and bids fair to get rather permanent improvement and at least partial approach to a normal hand.

Providence City Hospital Examinations: a Parody

By Miriam C. McCarthy, Student Nurse

Definition: An acute, infectious, highly transmissible disease, characterized by sudden onset, extreme nervousness, failure of pen to decipher the correct answer; failure of brain to function, resulting in blank lines on paper; pulse out of proportion; and all symptoms of shock and collapse due to reading of questions.

Cause: Unknown.

Virus: Found in brains of doctors and superintendents.

Infectious: From beginning of symptoms which occur about a day or two before onset, and usually remain infectious until paper is corrected, and, in some cases, the acute process is repeated.

Carriers: There are many carriers—75–90 per cent.

Incubation period: One to two hours.

Signs and symptoms: Sudden onset, anxious look, worried expression followed by a firm determination to study; severe heartache; lack of brain matter; a group of two or more nurses quissing each other and a consequent jumbling of incubation periods and complications.

Diagnosis: Made by watching nurses sitting in office, following above symptoms.

Complications: Collapse, chorea, injury to nerve centers due to over-exercise, brain tumors, waste of paper, ink and time; writer's cramp and worry.

Treatment: (a) Prophylactic: Begin to study at least three weeks before onset. Stay in nights and concentrate. (b) Specific: Injection of commonsense serum intrabrainly. (c) General: Don't worry and trust in prayer.

Mortality rate: Patients rarely die excepting from shock due to receiving a "passing mark" on paper.

An atypical case: Symptoms less marked. Correct answers to every question.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

The Registry Problem

YOUR August editorial, "Another Co-operative Step," provided an item which I, in common with many private duty nurses, rejoiced at reading, as we hope every directory of importance will read and adopt the same plan. The Central Directory has just issued to doctors and nurses in New York a desk card, showing charges and rules governing the same for private duty nurses in homes. The American Hospital at Neuilly, France, used similar cards as far back as 1912, and probably earlier, which the nurses sent out by it found of immense value, obviating all discussion of charges and creating a background of support and understanding for nurse and employer. The official sanction gives a guarantee that is unquestioned.

Massachusetts. M. V. O. R.

Disinterested Service

THE *Memphis Medical Journal* commenting on the work of Winifred Atkinson, whose death occurred last year, paid tribute to her work in her hospital, in nursing organizations, and to the community: "It was her ambition to raise the standard of nursing at the General Hospital to a point where graduates of the school are allowed to register under the rules of the New York Regents, the highest standard of nursing in America, which ambition within recent months had become a reality." Shortly after Miss Atkinson's death, the Memphis General Hospital School for Nurses became the University School of Nursing. In a recent interview a member of the faculty of the University of Tennessee informed an officer of District 1, that this step was taken solely through Miss Atkinson's efforts. The directors of this District say that Miss Atkinson was cognisant of the fact that her position as supervisor of nurses was at stake in the transformation into a University school. The fact that she held no College degree would probably prevent her being a member of the faculty. This knowledge seemed only to inspire her to greater effort in that direction. She contemplated studying law at night in order to obtain a degree, not to hold the position (this would have been impractical, as the course would necessitate years of study), but because she had a great determination to overcome every obstacle with which she came in contact.

Tennessee. H. A. B.

A School Pin Found

A PIN evidently belonging to a graduate of a Hahnemann Training School for Nurses was found in a street in Washington. On the back was inscribed: Marion G. Lockhart, 1914. The owner is asked to communicate with George R. Fox, 809 Tenth St., N. E., Washington, D. C.

"It Blesseth Him Who Gives and Him Who Takes"

I

"JUST a word of thanks for asking Miss ——— to pass her *Journals* on to me. I have missed my *Journal* so much, but when one is on the sick list as long as I have been, she learns to do without many things. The magazines will be a treat to me. I wish I could express what is in my heart for all the nurses have done for me. All those little kindnesses help me take a new hold on life."

J. E.

II

"I am so happy that I can send my *Journal* on to some one. Although I am an "inactive" nurse, the joy of being of service and a part in organizations is really the result of coöperation. I fear we all forget too quickly those who need us."

J. S.

III

"Illness sometimes forces one to do without much, but when I did not renew my subscription this year, I thought I could borrow the *Journal* from some friend. I did not dream that an unknown friend would send me hers. The nurses in general, not just those from my own school, have been very kind to me during my illness."

A. S.

What the Journal Means to Me

I

"PLEASE reënter my subscription for the *Journal*. I have surely missed its coming and thanks to a recent birthday, I am able to take it again. Although I never completed my training, I find it extremely educative, to say nothing of interesting. I am sure I do not see how so many graduates can dispense with it, especially if they have any desire to progress and keep up to date."

Mrs. L. T.

II

"Saturday I was called on duty with a baby who had infantile paralysis, which is the first case I have ever seen from the beginning. When the doctors told the parents that a brace was necessary, they were frantic and objected very seriously, and refused to have it. I went home and got my July *Journal* and asked them to read the article on "The Prevention of Deformities," and they were thoroughly convinced as to the necessity of the brace and had one made immediately. In ever so many cases I have used the *Journal* to help me in handling the mothers. (I nurse a great many children.) When anyone tells me she does not find the *Journal* interesting, I feel she is following the wrong profession."

G. P.

Journals on Hand

MISS C. R. TOMPKINS, 615 East High St., Charlottesville, Va., has many old copies of the *Journal*. Communicate with her as to details.

Journals Needed

ELIZABETH D. RUNGE, The Library, Medical Department, University of Texas, Galveston, Texas, wishes to secure the following numbers of the *Journal*: 1901, December; 1903, December; 1904, July and September; 1905, April, October, December; 1906, January; 1909, September; Volume X, except January; 1912, November, December; 1913, January, April; 1914, October–December; 1916, June–August; 1917, January, February.

Ethical Problems

The Editor and the Committee on Ethical Standards will be glad to consider other solutions than those offered each month to the ethical problems submitted for discussion. They will welcome additional problems.

Problem XV

IS the following situation just to the patient who has a right to expect expert service in all particulars? Is a Superintendent of Nurses justified in accepting such heavy responsibilities for her students?

It is early morning in an operating room. The patient is prepared for the operation. There are present the surgeon, the anesthetist, one general supervisor (a graduate nurse), who has a part of her attention on the operating room and part on preparations for the balance of the day, a senior student nurse as first assistant to the surgeon and one intermediate nurse.

Is the surgeon right in expecting a senior student nurse to be as efficient as a trained medical man, especially should an emergency occur? Should he be willing to save a surgical fee for the patient or himself as against the best interests of the patient? Should the surgeon expect interne service from the senior student nurse? Might it not be possible that the anesthetist would need more expert service than the intermediate student nurse could give?

Is it good training for a student nurse to have her importance emphasized by placing her in positions of trust which she is taught a nurse should never assume? Is the training for the intermediate nurse right when she is asked to assume the responsibility of the "mechanical" and "look out" parts of such a temporary organization? When things do go wrong, who is it that really bears the brunt of the situation? Is it the unconscious patient?

Answer: Closely allied to this question is the responsibility put upon student nurses for the care of radium and the filling of orders left for the student nurses, such as the irrigation of a pleural cavity, etc. There should be no "quarrel" between the superintendent of nurses and the doctors because she is unwilling to assume responsibilities such as these through her student nurses.

The Remedy: When there is cause for a difference of opinion on such points, let the whole matter be placed before a well selected committee and generously considered, with the one idea in mind, "What is best for the patient?" For the superintendent of nurses who is conscientious in these matters there is always an opportunity with some other organization but that action depends very much upon how well the board of trustees will stand back of a superintendent of nurses. It takes vision, purpose and courage to stand by when problems like these arise but a superintendent of nurses can win through if she really has the support of a board which has the best interests of the patients at heart.

Further News of the Interim Conference International Council of Nurses

Geneva, Switzerland, July 25 to 28

By S. Lillian Clayton, R.N.

THE meetings of the Board of Directors of the International Council of Nurses were held July 25, 26, 27, before the regular program of the conference began, at the pleasant Headquarters of the Council. Christiane Reimann, the secretary, had arranged every detail for the comfortable and efficient conduct of the business. The following countries represented: Great Britain, South Africa, China, Irish Free State, Holland, Germany, Poland, France, Denmark, Canada, Finland, Norway, Bulgaria, Belgium, United States of America, with the president, treasurer, secretary and one of the founders present. The countries not represented at the meetings were India, New Zealand, Italy and Cuba.

Such problems were discussed as the difficulties experienced by the treasurer in relation to the payment of dues and of subscriptions to the *I. C. N.*, the latter due largely to the variations in the money exchange of the several countries. Letters from different countries were read with great interest. A special committee, consisting of Miss Clayton, U. S. A., chairman; Mlle. Chaptal, France; Miss Nelson, Canada; was appointed to study this problem, the report to be made at the 1929 meeting in Canada.

An important discussion took place relative to changing the name of the magazine and to printing articles therein in more than one language. The first point will be referred to the various national organizations, for suggestions. The second point was referred to the secretary, to be decided by her.

A suggestion concerning the practicability of securing bibliographies of nursing literature in each country for the *I. C. N.* magazine was taken home by each representative.

An article which had appeared in a New York paper was discussed with much interest, for it suggested that a monument to Miss Nightingale, a hospital, be established in London. This resulted in a motion that a letter be sent to the London *Times*, explaining that this matter had not been taken up with the national nursing organizations of the United States of America or of Great Britain; further, that any memorial to Miss Nightingale should take the form of nursing education rather than the establishment of a hospital. A committee is to continue the study of the subject of a memorial to Miss Nightingale, a study which was started many years ago and suspended by the war and the nursing problems following it.

An interesting report from the private duty committee, Mlle. de Joannis of France, chairman, was presented. The Board decided that the committee concentrate on the study of such special questions as: The economic problem of both patient and nurse, the nursing of the middle class, group nursing, directories, etc., and that a questionnaire relative to these points be sent to the various countries, the result of such study to be presented in 1929.

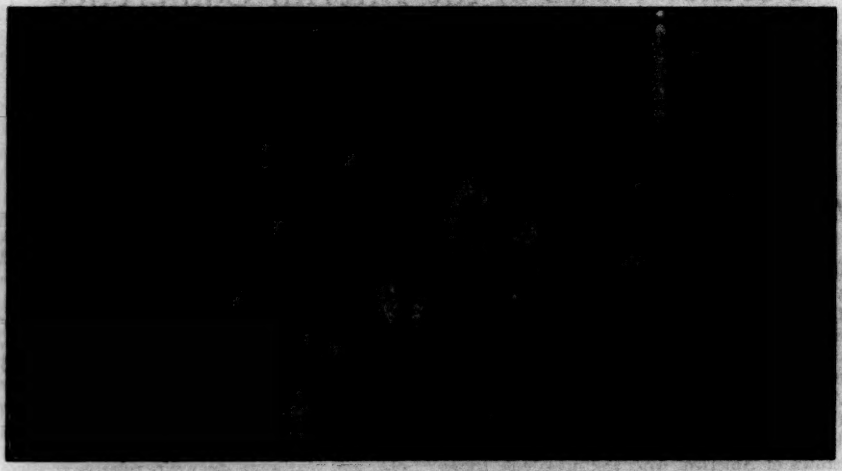
A communication from China explained that, "In view of the peculiar and totally unexpected conditions with which hospital workers in China are now faced, the Executive Committee of the Nurses' Association regretfully inform the International Council of Nurses that China's nurses cannot carry the International Council of Nurses' Congress in Peking in 1929."

The Canadian nurses renewed their invitation, given at Helsingfors, that the 1929 Congress be held in Canada. The president of the Canadian Nurses' Association, Flora M. Shaw, explained that this was *an unanimous invitation* from every Canadian Province. The Board of Directors accepted this cordial and gracious invitation, the exact date to be decided by the Canadian nurses, with the request from the Board of Directors that it be some time between July 25 and August 25, in order to best suit the convenience of the various countries. It was also decided that Cook's Travel Agency should be consulted regarding transportation, they to work in connection with the Canadian Nurses' Association.

Questions which had been submitted by various countries relative to changes in the by-laws of the International Council of Nurses were considered. After discussion by the Board, these were referred back to the Committee on Constitution and By-Laws with further recommendation.

Committees were appointed on Arrangements and Program for the 1929 meetings.

The Board inspected the rooms that had



THE DISTINGUISHED WOMEN WHO ATTENDED THE FIRST BOARD MEETING

Standing—J. C. Child, South African Trained Nurses' Association; Gladys Stephenson, former President, Nurses' Association of China; Alice Reeves, President, National Council of Trained Nurses of the Irish Free State; Meta Kehrer, President, Dutch Nurses' Association; Maja Lübben, Nurses' Association of Germany; Karen Moe, Norwegian Nurses' Association; H. Nagorska, President, National Council of Polish Professional Nurses; Mrs. K. Neumann Rahn, Nurses' Association of Finland; Mlle. Chaptal, President, Association of Trained Nurses of France.

Seated—E. M. Musson, Treasurer, International Council; Mrs. Bedford Fenwick, Founder of the International Council; President, National Council of Nurses of Great Britain; Clara D. Noyes, First Vice-President, International Council; Flora M. Shaw, President, Canadian Nurses Association; S. Lillian Clayton, President, American Nurses' Association.

Seated, front row—Christiane Reimann, Secretary, International Council; K. Pachedjieva, President, Bulgarian Nurses' Association; J. Parmentier, Secretary, National Federation Belgian Nurses; I. Funding, Danish Council of Nurses.

been engaged for the new location of International Headquarters at 14 Quai des Eaux Vives; they face Lake Geneva and provide additional space and more effective working arrangements.

The Board meetings were held at the times arranged, much business was transacted, and through every hour of those strenuous days one was impressed with the fine spirit of co-operation and the great desire on the part of each representative to thoroughly understand the problems presented, not only from the standpoint of her own country, but from that of every other country. The sincere desire of every one seemed to be to take back to her own organisation all the help possible for the growth and development of nursing.

The Program

THE general meetings were carried out according to the printed program. The objective of the Committee on Program was reached by means of formal papers, informal discussions, round tables and demonstrations of *practical nursing procedures*.

It would be difficult to select any one paper as representing the dominant note of the convention, since those who do not speak a language other than English missed the inspiration of the papers presented in German and French. The attendance at every meeting filled the hall to capacity; the keenest interest was manifested by the close attention paid, by the questions asked and by the discussions.

At the opening meeting a most cordial welcome was extended to the conference by officials of the City of Geneva. Even though not in our own tongue, there were evidences of kindliness and of friendliness that needed not to be expressed by the spoken word. The president of the International Council responded most graciously. Then, in a few words, she told the members something of the work accomplished by the Board of Directors.

She emphasized the fact that many problems had been given to committees to be worked out before 1929; that their questionnaires and communications to the various national associations should be answered with the utmost promptness if the proposed studies are to be completed before 1929. She also spoke of the splendid work done by the secretary and the tremendous growth of the organization since 1901.

The local committee had provided a charming musical program for this first session. During the first afternoon a delightful tea was given by the ladies of the reception committee. This affair was greatly enjoyed by the many nurses who attended.

The paper presented by Miss Noyes, National Director of the Nursing Service of the American Red Cross, was one of the high lights of the conference. She showed in a most convincing way the importance of cooperation between Red Cross societies and professional nursing organizations. She emphasized the necessity for the professional independence of the nursing groups as well as the need of the sympathetic and understanding support of the Red Cross societies if the greatest possible service is to be rendered to the public.

Thursday's program on the subject, "The Advantages and Disadvantages of Standardising Nursing Technic," was received with intense interest, manifested by an active participation on the part of the audience. The paper by Percy S. Brown, Deputy Director of the International Institute, appears in this issue of the *Journal*.

Hedwig Birkner, Oberschwester, Universitats Kinderklinick, Vienna, explained the application of the Taylor System in the nursing service of the Children's Hospital, University of Vienna. Miss Birkner's hospital in Vienna shows the efficiency of the methods used, both in their effect upon the patient and upon the preparation of the nurse. This paper and copies of the graphs will appear in the *I. C. N.* Report of the Conference.

The next paper, presented by S. Lillian Clayton, President of the American Nurses' Association, was on the subject, "Advantages and Disadvantages of Standardising Nursing Technic," and not on the subject stated in the program. It will appear in a subsequent issue of the *Journal*. Elizabeth Smellie, Chief Superintendent of the Victorian Order of Nurses for Canada, stated that there had been an acceptance of certain methods of technic in Visiting Nursing; that this standardisation adds to the value of teaching in the home; that the supervision thereby becomes less difficult; that this outline of methods in use is of great advantage to the Board of Directors; and that they assist in maintaining a high standard of work. She stated further, however, that no printed manual can ever eliminate the importance of supervision or of sympathetic suggestions made by the supervisor. The printed form serves merely as a guide. In the discussion, certain definite opinions stood out as indicating the thought of the audience. Among them were the following:

a. Nurses in the public health field are better satisfied with standardization plus supervision and growth.

b. Methods must be changed with the advance of medical science, therefore no standard set is stationary.

c. Standards made should be submitted to other organizations and to outstanding educators before being finally adopted.

d. Local boards should share the responsibility for the maintenance of standards.

Reference was made to the recent meeting held in New Haven, Conn., for Boards of Directors of Visiting Nurse Associations and to the advantages of such a meeting as a means of educating the public in professional needs. A nurse is not born with a public health point of view, neither is the Board member; both must be educated.

e. Standardization should be the servant and not the master of the profession. "Standardization," said one nurse, "is to our work what the backbone is to the individual. It provides a support upon which may rest all other parts of the whole."

f. There should be standards. Their adoption depends upon the intelligence and the spiritual development of the individual exponent; that is why supervision continues to be a vital need.

Mr. Brown concluded the discussion by stating that "standardization is a word of danger." He advised that we talk about "simplification rather than standardization. Scientific management always deals in the highest moral and ethical values, the mental attitude of the individual being the most important equation. Scientific management is but the tool of advancement and this should never be lost sight of." One should never get the idea that it is a static situation. It must be fluid. One must always be believing one's thoughts. Tradition must not be accepted. One must not think that a thing cannot be done.

The afternoon program included demonstrations of practical nursing procedures. Many countries desired to participate in this part of

the program, but because of lack of time, the demonstrations had to be limited in number. Those taking part were as follows:

a. Association D'Hygiene Sociale de L'Aisne, France—The visit to a home by a general visiting nurse.

b. A representative from the Children's Clinic in Vienna applied an umbilical dressing and an abdominal binder and collected a specimen of urine. This was most skillfully done.

c. The School of Nursing at Fribourg, Switzerland, demonstrated the making of a bed for a patient after an operation for goiter.

d. The Jewish School of Nursing, Warsaw, Poland, demonstrated the washing of the hair of a bed patient.

e. The School of Nursing of the American Hospital in Paris demonstrated getting a patient out of bed into a chair.

f. Italian Red Cross nurses demonstrated giving a hypodermic injection.

g. The French Society for Assistance to Army Wounded demonstrated the vaporisation of iodine.

h. The School of Nursing at Nantes demonstrated an ear irrigation.

i. The Maria Hospital, Helsingfors, Finland, demonstrated the making of a bed with and without a patient.

These nurses all displayed a fine spirit of coöperation and showed their adaptability, coming as they did from different countries, having had no opportunity for practice with the material provided for their use and yet not failing to hold to the underlying principles.

The nurses were given an opportunity to visit various institutions in Geneva and to attend a tea, given by the Committee of the International Red Cross at the International Institute for the Study of Sanitary Material.

At 9 a reception was given by the City of Geneva, in the Foyer of the Place Neuve Theatre. It was most delightfully planned and attended by a large number of nurses. An opportunity was afforded the nurses of meeting the officials of the conference and of having discussion with friends from their own and other countries. The evening was valuable in that it promoted a friendly and international spirit.

Round Tables

FRIDAY morning was devoted to six round table discussions. All were well attended. The reports of these discussions will be found in the *I. C. N.* The recommendations coming from them may be briefly stated as follows:

a. The round table on the "Nursing Profession in Relation to Mental Hygiene" recommended that an international committee for the study of the problems of nursing mental diseases be appointed. This was approved by the Board of Directors, and the committee will be appointed according to the by-laws of the organisation.

b. The round table on "Private Duty Nurses" recommended that registries for nurses be conducted and managed by professional nurses and not conducted for commercial purposes or by lay people or by members of a profession other than nursing.

c. A recommendation came from one of the round tables suggesting the completion of a textbook on practical nursing procedures applicable to all countries. This was approved and referred to the Committee on Education.

d. From the round table on "Ways and Means of Promoting Professional Efficiency and Personal Development of Trained Nurses on the Staffs of Hospitals and Public Health Organisations" came the suggestions: Keep the graduate nurse informed of the policies of the institution or organisation by means of conferences; make of her a co-worker; develop her creative instincts; help her to succeed; make her advancement possible by urging postgraduate study and observation in different institutions; and assist her in this by means of scholarships, exchange visits for observation, etc. Arrange for leaves of absence for these purposes. Provision for the social side of the life of the head nurse was also considered important. The play spirit is greatly needed, as this helps misunderstandings to disappear and makes for better morale generally. One representative said that in her hospital a permanent round table group met monthly with a carefully planned program calling for discussion. This in America would be called a conference. An English speaker emphasised the importance of planning for the newly graduated nurse as carefully as one would for the student until she becomes adjusted to her changed status. Another speaker believed it a good plan to change head nurses from one department to another, as she thought it a poor policy to keep them too long in one place. Another suggestion was that the head nurse be given an opportunity to develop high ethical ideals.

The League of Nations

THE afternoon addresses were given on the various phases of the work of the League of Nations by Dame Rachel Crowdy and by Dr. F. G. Bondeau. Dame Rachel Crowdy, only woman representative in Health Section,

emphasised the work that is being done in the suppression of the opium traffic. Only public opinion can effectively restrict its production, and several countries have agreed to this; for instance, India has agreed to restrict opium production ten per cent, annually, for ten years, then to consider what other countries are doing before making further restriction; Prussia to reduce ten per cent for three years.

Much has been done in the work of investigating the traffic in women and children. Commercial gain is the principal reason for this traffic, the profit going to the trafficker and to the madams owning the houses to which the women are taken. The women or girls themselves gain practically nothing. The demand for this traffic comes with the movement of troops or with ships going from one port to another. Licensed houses create a permanent market. Remedies for this traffic are to be found, first in urging the strengthening of laws, then in the enlightenment of public opinion generally and in securing the interest and help of all organizations working along these lines.

Dr. Bondeau spoke to the conference on the subject of the importance of international health work. He emphasized the fact that epidemic diseases pay no attention to boundaries. For example, influenza in the middle of Europe was carried by the Spanish to the ports and thence to all parts of the world.

The pooling of health statistics has brought out the need for more uniformity in statistical methods. This is being met by the issue of publications on the organisation of the various health services, particularly of their medico-statistical methods; by promoting "interchanges" and other forms of direct coöperation between health statisticians; and by expert study of certain aspects of mortality statistics with a view to introducing uniform definitions and methods. For example, the use of Insulin, discovered in Canada, was not available in other countries until the units of dosage had been standardised for the world by the League. An exchange of public health officers between countries would be most helpful. In Europe, fifteen countries have sent to London fifteen health officers speaking English. England was asked to prepare lectures and to give special opportunities in the observation of health conditions to these Fellows. This was done.

The Health Department of the League is to the health of the world what the League is to the governments of the world, all working together to have a better understanding, the final object of both being—*peace*.

The members of the conference then went to the Palais National, where the League is located. The League was established in 1920 and the underlying principle upon which its organization is based may be found in the following sentence from the Treaty of Versailles, "Social unrest in one country is a source of unrest in all." The League of Nations seeks to eliminate these sources of unrest. Its officials are servants of the League and not of their respective governments. It has been well said of the League that "the organizing of international life in Geneva behind a screen of more sensational activities is the priceless service that the League of Nations is rendering the world today." The work of the League in what may conveniently be termed health, social and humanitarian problems, has developed on a world-wide scale. Its health activities have spread throughout Europe and eastern Mediterranean, tropical Africa and the Far East and, as other problems, have attracted to the League the active coöperation of the United States of America and, in health matters, Russia.

The health and social efforts are based on Article 23 of the Covenant, which obliges members of the League to take steps in matters of international concern, for the prevention and control of disease, and which intrusts the League with the general supervision of the execution of agreements with regard to the traffic in women and children and the traffic in opium and other dangerous drugs.

The hotel in which the League is located was not built for it. The conference was welcomed in French by the under secretary-general of the League, Pantacci de Lakeoli Baroni. The party was then divided into groups and conducted through the building. A most courteous young American led our party. We were told that the persons employed in the building were all International Civil Service workers; no one belongs to any special country, he is there because of his special knowledge of the work he is doing. We were taken to the Council Chamber, the Library and the famous Glass Room, where the larger meetings, other than the assemblies, are held. There are women in the Assembly, but not in the Council. All appointments to the Council or the committees are made by member countries to the League and not by the League itself. The famous Glass Room of the Secretariat is the largest conference room, but it is not nearly large enough. There are three delegates from each of the fifty-five countries in the Assembly. English

and French are the languages used. At the last meeting Afghanistan was represented for the first time.

Everyone should read the revised edition of the information section, League of National Secretariat called "The League of Nations—a Survey." Many worth-while pamphlets are prepared by the Information Section, which are of value to all countries.

An Evening Session

AT the 8.40 p. m. session, several interesting papers were presented, among which were Dr. Clemens Pirquet's, "Should the Nurse Take Part in the Scientific Work of the Medical Profession?"

The paper on "Selection of Students for Schools of Nursing," by Marian Durell, Director of the School of Nursing, City Hospital, New York, was read by Miss Gage. Miss Durell believes that great stress should be placed upon the careful selection of students, but she realises that this cannot be accomplished until there are more applicants from which to choose. She suggests that we not only get the student's academic report from her school, but that we inquire as to her school activity, her force as a leader, the manner in which she approaches new tasks, the extent to which she considers rights versus duties. Psychologists recognise the limitations of intelligence tests and they now test personality. Aviation has tests for quickness of muscular reactions, fatigue, quickness in adaptability. These might be used to advantage in schools of nursing. All of this is open to question, but is at least deserving of consideration.

Gertrude Hodgman, Assistant Professor, School of Nursing, Yale University, presented the Case Study Method as used in that school. Many of the foreign nurses found the problem very confusing. Dr. Weisbach of Dresden demonstrated his method of teaching anatomy by photographs. It is believed that his method has much to recommend it. Mary K. Nelson presented her paper, recommending that experience be given the nurse in public health work in the home during the time that she is still in training. She believes that by so doing a more sympathetic understanding of the social problems of the home and of the health of the community will be realized.

At the International Labor Union

ON Saturday morning the International Labor Union was visited and a lecture heard on "The Work of the Union and What It Can Do for Nurses." Upon arrival the members of the conference were given seats on the beautiful lawn facing Lake Geneva. The Palace is charmingly situated, and the interior and inner courts are beautifully decorated. The tables and chairs of the Council Room were the gift of the American Federation of Labor (not a member of the Union) in memory of Samuel Gompers. Rugs, tapestries, book bindings, chandeliers, panelling and other handsome furnishings are gifts from many nations. The International Labor Union has representatives from fifty-five nations; namely, all the state members of the League of Nations. The objects of the Union are set forth in the preamble to Part 13 of the Treaty of Versailles. Briefly stated, it holds that universal peace cannot be established unless it is based on social justice. So long as conditions of labor exist involving injustice and hardship to large numbers of people, much unrest will result, interfering with the harmony of the world.

The Final Board Meeting

A FINAL *I. C. N.* Board meeting was held to read and accept the minutes of the previous meeting and to transact the final business of the conference. The minutes are to come later.

Closing Session

THE closing session was held Saturday evening. Major Julia Stimson, Superintendent, Army Nurse Corps, U. S. A., had prepared a paper setting forth the historical background of nurses' uniforms. She said that little could be found in literature to assist in the preparation of this paper. She believed the effect of the uniform on the nurse to be similar to that of the uniform upon the soldiers in the army. This was followed by a demonstration of nurses in uniforms from various countries. These were representatives of various types of service as well as the different countries. Considerable discussion followed. Oberin Helenna Meyers of Germany believed that hygiene should be the aim of the uniform. It should be practical, movements should not be restricted, the uniform should not be too short or too long. Plain hair dressing was emphasised in the discussion. The feet must not be "unhappy" if good service is to be rendered with "head, heart and hand." Miss Meyboom, Rotterdam, believed that the importance of both indoor and outdoor uniform should be considered, simplicity of style and softness of material should be emphasised. The uniform

should be pleasing to the eye. The cap should not simply be ornamental and the uniform as a whole should be considered as fitting to represent so great a profession as nursing. A Polish nurse asked for the consideration of a public health nurse going about her work in ordinary street clothes, since the wearing of a uniform often indicated to the community that a case of tuberculosis or syphilis was being cared for. Another Polish nurse stated that, in her opinion, a uniform should always be worn, because so many non-professional people were visiting homes and the information could not be obtained from the people except by a person wearing the uniform. The uniform should never indicate service to a particular type of disease. Miss Gill, former matron of the Royal Infirmary, Edinburgh, spoke of the importance of the International Council of Nurses making some plan whereby the nurses from different countries *might be exchanged for hospital experience*. This suggestion was received most enthusiastically by the audience. Mrs. Rebecca Strong, the aged former matron of Glasgow Royal Infirmary, gave a short address in closing. She emphasised the importance of nurses maintaining standards of conduct, of not losing sight of the value of personality, and that all other things become minor if these factors cease to be of value to the nurse. She congratulated the present generation of nurses upon the knowledge of their work which they are obtaining, but she urged that they take time to consider other values. She expressed her desire and determination to attend the next convention, but she said if she were not there, she should be in her "watchtower" enjoying and appreciating all that the nurses would be doing. She expressed pride and pleasure in the accomplishments of the profession, especially in the securing of the passage of various state laws for the regulation of nurse practice. She bade the nurses not to be discouraged and reminded them that it took Great Britain 108 years to pass a law finally abolishing the chimney sweep. There should be no such words in the vocabulary of the nurse as discouragement or defeat. It was an inspiration to receive Mrs. Strong's message and to note her physical endurance. She sat through the entire program, from 8.30 to 11, before speaking. When I talked to her a few minutes before this meeting, Mrs. Strong said that she realised that her strength was growing less, but when the nurses asked her to speak, even though her place came last on the program, she could not refuse, because she had made it the rule of her professional life never to refuse to do anything the nurses asked her to do. If all of our nurses would follow this example, what power our profession would possess!

An inspiring occurrence at this last meeting was the roll call by countries, which showed 783 delegates present from 34 countries.

Social Events and Excursions

THE first of the excursions, to Leysin, took place on Sunday, to see the heliotherapy work of Dr. Rollier, which is described in this issue. In addition to the work of the clinic, the ride from Geneva and return through the mountains was one of exceptional beauty and inspiration.

Monday's trip was to Chamonix, over the Mer de Glace and Passy. The early part of the drive was through the beautiful agricultural country of French Savoy, surrounded by wooded mountains, and then by funicular up to the Mer de Glace at a height of 7,000 feet. We were to have visited a tuberculosis sanatorium on the way back to Geneva, but it was so late that the party divided.

Tuesday's trip included a ride to view the Jura Mountains, to visit the Château de Coppet, now owned by Mlle. d'Haussonville, the great-great-granddaughter of Madame de Stael. The château is filled with priceless articles, all just as they were when Madame de Stael enjoyed the visits of Rousseau, Napoleon (whom she hated) and other great men of that time.

The College of Nursing, Ltd., of London gave a luncheon to which were invited American, Canadian and English, Board members and friends. This was delightful and helpful.

We participated in an excursion on the Lake of Geneva. Here was afforded an opportunity for the representatives from various countries to mingle freely with each other, to discuss special problems with members of the Board of Directors or to plan for future opportunities for experience for representatives from various other countries. This excursion and the evening reception at the theatre should be considered of vital importance in developing fine international understanding.

The account of these trips is of no value to this report other than to indicate the many opportunities afforded for social intercourse between the representatives of the different countries.

Final judgment of the result of the conference is that the program itself was of less importance than the professional assistance gained and the friendly feeling developed by means of the close personal contacts.

The Cost of Educating Nurses

THE Hospital Association of the State of New York adopted, at its meeting in May, a report of its Committee on Nursing so full of reasoning and conclusions of doubtful validity that it has been answered, point by point, by the New York State Department of Education. The following is excerpted from the reply.

The Nursing Committee of the New York State Hospital Association in order to prove its contention that hospitals pay the student nurses for every hour they spend in receiving their instruction has attempted to compare the cost of tuition and maintenance in academies and women's colleges with the education of the student nurse. It states that the average cost for tuition and maintenance in secondary schools is $1,000 to $1,700 per year, the average cost for tuition and maintenance in women's colleges is $1,000 to $1,200 per year, and that the average cost per year per student in nine New York City schools of nursing is $1,252 and the average cost per year per student in eight up-state schools of nursing is $825.

In computing this cost per student this committee has charged up the following items to the school:

NINE NEW YORK CITY SCHOOLS

Housing	$49,433.00
General (unexplained)	10,163.00
Educational	5,565.00
Maintenance	41,984.00
Allowance	9,458.00
Original investment in housing	246,000.00
	$362,603.00

EIGHT UP-STATE SCHOOLS

Housing	$15,570.00
General (unexplained)	2,866.00
Educational	4,478.00
Maintenance	21,596.00
Allowance	3,691.00
Original investment in housing	112,000.00
	$160,201.00

(Reply) These figures might be accepted as a basis of computation of the cost of *nursing service* but *not* as a basis for the cost of a school of nursing. In the first place any hospital that receives patients must provide nursing care. Therefore, in estimating the cost of a school of nursing it is necessary to first determine the amount and character of the nursing personnel which would be needed to care for patients without a school and place against this item the cost of nursing the hospital with a school. To attempt to show the cost of a school of nursing by charging up the entire nursing cost of the hospital evidences either gross ignorance or willful attempt to misinterpret facts.

Furthermore, the report fails to mention that every student nurse gives daily from eight or ten to twelve hours of hard labor to the hospital in return for any education which she may receive. The average length of nursing courses in registered nurse schools of New York state is two years and eight months or thirty-two months. From this should be deducted the four months' preliminary course during which time the student is on the wards only four hours per day.

In evaluating her service for the remainder of the period it would seem fair to compute it on the basis of two-thirds that of a graduate nurse or at thirty cents an hour, allowing one month each year for the vacation period and two weeks for illness. On this basis of computation the student nurse, therefore, earns by her labors approximately $1,612.80.

BASIS FOR COMPUTATION

24 months—6 days per week 8 hours per day at 30¢ per hour =	$1,497.60
4 months—6 days per week 4 hours per day at 30¢ per hour =	115.20
	$1,612.80

It is equitable to charge against the schools of nursing the following items: Salaries of instructors, salaries of special teaching supervisors, part of salary of the principal of the school (who is also the superintendent of nurses), stenographic personnel, monthly allowance, class rooms, maintenance and housing of the number of students necessary to nurse the hospital in excess of the number which would be required with a graduate nurse staff. But to endeavor to charge all the maintenance and housing including the original investment in the living accommodations provided for the entire nursing staff against the school of nursing is not only unsound but unjust. Whatever nursing personnel the hospital provides it is obliged to house it and provide maintenance unless, of course, it is in a position to supplement the graduate nurse's salary sufficiently to enable her to secure living accommodations outside the hospital.

NEWS

[NOTE.—News items should be typed, if possible, double space, or written plainly, especially proper names. Send items to *American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]

American Nurses' Association

The biennial convention of the American Nurses' Association will be held in Louisville, Kentucky, June 4–9, 1928.

S. Lillian Clayton, president of the American Nurses' Association will speak at a number of state conventions this fall. Among those which she will address are the convention of the Illinois State Nurses' Association at Mt. Vernon, the Iowa State Nurses' Association at Fort Dodge, and the Nebraska State Nurses' Association at Lincoln.

DIRECTOR AT HEADQUARTERS TO COVER WIDE TERRITORY

Nurses at annual meetings in many states will hear Janet M. Geister, director at Headquarters of the American Nurses' Association. Starting with the convention of the Alabama State Nurses' Association at Shocco Springs last month, she was present also at Wheeling at the convention of the West Virginia State Nurses' Association. In October she will visit, among others, the Kansas State Nurses' convention at Newton, the Wisconsin meeting at Milwaukee, the Minnesota convention in Minneapolis, the North Dakota meeting at Devils Lake, the Iowa meeting at Fort Dodge, the Nebraska meeting at Lincoln, and the Oklahoma convention at Muskogee. Next month on schedule, thus far for her are the conventions of the Florida State Nurses' Association at Miami, and of Georgia at Macon.

Fifteen states now have state pins for the members of the nursing profession. They are: Maine, Minnesota, Missouri, Montana, Nevada, New Mexico, Ohio, Oklahoma, South Dakota, Texas, West Virginia, Wisconsin, Wyoming, Kansas and Idaho.

FIELD SERVICE UNDER WAY IN CALIFORNIA

Agnes G. Deans, field secretary of the American Nurses' Association has found some valuable data which should prove helpful in determining what a model registry should be, she says, having spent the summer making a study of nurses' official registries in California. States in her itinerary are California, Oregon, Washington, Montana, Idaho, Wyoming, Arizona, New Mexico and Nevada. A definite itinerary has not yet been arranged for all these states, but Miss Deans is planning an itinerary in California beginning October 1.

Districts which have written their requests for field service will receive first consideration, the field secretary says. She will meet with the nurses at their regular meetings when possible, but in some cases special district meetings may be necessary. Miss Deans asks that requests from the districts for field service be addressed to her, care Mrs. J. H. Taylor, secretary of the California State Nurses' Association, 749 Call Building, San Francisco, and that the districts state whether it will be possible to call a special meeting in October or November.

The three National Nursing Organizations will show the Sesqui Nursing Exhibit at the convention of the American Hospital Association in Minneapolis, Minn., this month. The director at Headquarters and Dr. May Ayres Burgess, director of the Committee on Grading of Nursing Schools, will be present.

Nurses' Relief Fund

REPORT FOR AUGUST, 1927

Balance on hand July 31	$14,996.20
Interest on bank balances	59.79
Interest on investments	728.75
	$15,784.74

Contributions

Arizona: Dist. 3	$14.00
California: Dist. 19, Pomona, $32; Dist. 24, Santa Monica Bay, $31	63.00
Florida: Dist. 6	4.00

Illinois: Dist. 1, Michael Reese Hosp. Alum., $50; Chicago Memorial Hosp. Alum., $10; Illinois Masonic Hosp. Alum., $93; Grant Hosp., $15; Francis E. Willard Hosp. Alum., $5; St. Bernard's Hosp. Alum., $10; Washington Boulevard Hosp. Alum., $5; Wesley Memorial Hosp. Alum., $25; Chicago Polyclinic Hosp. Alum., $27; individual, $23.50; Dist. 3, individual, $5		$268.50
Maine: Children's Hosp. Alum., $7; Eastern Dist., $52		59.00
Minnesota: Dist. 2, St. Luke's Hosp. Alum., Duluth, $3; individual, $2; Dist. 4, St. John's Hosp. Alum., St. Paul, $30; St. Luke's Hosp. Alum., St. Paul, $90; Dist. 5, Montevideo Hosp. Alum., $12		137.00
New York: Dist. 5, Ithaca Hosp. Alum., $25; Dist. 11, Middletown State Hosp. Alum., $10; District 13, individual, $10		45.00
Oklahoma: Oklahoma Methodist Hosp. Alum., Guthrie		7.00
Oregon: Individual		25.00
Tennessee: Dist. 1		167.00
Virginia: Graduate Nurses' Association		400.00
Wisconsin: Individual		3.00
Total receipts		$16,977.24
Disbursements		
Paid to 161 applicants	$2,380.00	
Salary	100.00	
Refund of contributions sent in error	16.00	
		2,496.00
Balance on hand August 31, 1927		$14,481.24
Farmers' Loan and Trust Co.	$2,929.09	
National City bank	6,039.55	
Bowery Savings Bank	5,512.60	
Invested Funds		116,575.87
		$131,057.11

Note.—All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York. If the address of the chairman is not known, then mail the checks direct to the Headquarters office of the American Nurses' Association at the address given above. For application blanks for beneficiaries, leaflets and other information, address the Director of the American Nurses' Association Headquarters.

The Isabel Hampton Robb Memorial Fund

REPORT TO SEPTEMBER 10, 1927

Previously acknowledged		$32,271.07
Contributions		
Iowa: Dist. 5, Iowa City, $10; St. Luke's Alum., $5; Dist. 9, Jennie Edmundson Alum., $5; Mercy Hosp. Alum., $5; Greater Com. Hosp. Alum., $2.50		27.50
		$32,298.57

The McIsaac Loan Fund

REPORT TO SEPTEMBER 10, 1927

Balance, July 8, 1927		$1,107.73
Interest		2.63
Returned on loan made in 1922		25.00
Contributions		
Iowa: Dist. 5, Iowa City, St. Luke's Hosp. Alum., $10; Jennie Edmundson Alum., $5; Mercy Hosp. Alum., $5; Greater Com. Hosp. Alum., $2.50		22.50
		$1,157.86
Disbursements		
August 24, Loan	$200.00	
Printing	13.25	213.25
Balance, September 10, 1927		$944.61

MARY M. RIDDLE, *Treasurer.*

Annual contributions to each fund are desired from alumnae, district and state associations. Checks should be made out separately and sent to the Treasurer, Mary M. Riddle, care *American Journal of Nursing*, 19 West Main Street, Rochester, N. Y. For application blanks and information, write the Secretary, Katharine DeWitt, at the same address.

International Council of Nurses

The address of the International Headquarters of the International Council of Nurses, Geneva, Switzerland, has been changed to 14 Quai des Eaux Vives.

A detailed report of the recent Interim Conference will be published shortly, the price of which will be $1, or 5 Swiss francs. The supply of this report will be very limited, so those who wish copies, are asked to apply to Headquarters without delay.

National Association of Colored Graduate Nurses

THE NATIONAL ASSOCIATION OF COLORED GRADUATE NURSES held its twentieth annual convention at Tuskegee Institute, Tuskegee, Alabama, August 9–12. Nurses were in attendance from all over the country and much gain was made.

The morning session of the first day was given to registration of members, payment of dues, and reports from standing committees. A splendid program was given at the afternoon session. Miss Roberts gave desired information concerning the nurse school, and touched largely on educational problems. The evening session, held in the chapel of Tuskegee Institute, was very interesting and many addresses of welcome were received. The President's address was full of good thoughts. She gave a complete report of the many things accomplished during the year which made the public know that this Association is wide awake.

The morning session of the second day was given to round table talks on hospital problems and general discussion by hospital executives. A very interesting address on Hospitals in Foreign Countries was given by Dr. E. A. Dibble, Jr. At the afternoon session, Jane Van De Vrede, chairman of a Committee of the American Nurses' Association, spoke on "Joint Relations," giving very good information in her remarks on the work of the Grading Committee.

Thursday was given to unfinished business, new business, a sight-seeing tour over the campus; courtesy of Montgomery local association, a visit to U. S. V. Hospital Number 91. Following in the evening was a reception to delegates by the Principal and faculty of Tuskegee Institute.

On Friday, election of officers and a formal reception by the nurses of 91, was held in the recreation building. Officers are: President, C. E. Bullock of Chicago; vice-presidents, N. V. Kemp of Philadelphia and Y. V. Allen of Columbus, Georgia; recording secretary, J. L. Reid, of Greensboro, N. C.; corresponding secretary, L. B. Johnson, Ensley, Ala.; finance secretary, A. King, Norfolk, Va.; treasurer, P. Pinn, Miami, Fla. Twenty-five new members were received. The national headquarters of the association are now open

Some of the nurses who attended the Twentieth Annual Convention of the National Association of Colored Graduate Nurses at Tuskegee, August 9–12

at 370 Seventh Avenue, New York, with Belle Davis as Executive Secretary. A bulletin will be published quarterly.

Army Nurse Corps

During August, 1927, the following named members of the Army Nurse Corps were transferred to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 2nd Lieuts. Lucile Bacchieri, Dorothy Shreve; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieuts. Alice I. Akeley, Grace H. Fowler; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Beatrice M. Dare, Leslie G. Lettrick, Alice P. McGuire; to Camp Lewis, Washington, 2nd Lieut. Jane Coddington; to Fort Sam Houston, Texas, 2nd Lieut. Mary A. Kenny; to Fort Sheridan, Ill., 2nd Lieut. Katherine L. Jones; to Fort Totten, N. Y., 2nd Lieut. Harriet M. Whitney; to Walter Reed General Hospital, Wash., D. C., 2nd Lieuts. Margaret Lydon, Sara I. Stevenson, Florence I. Hilyer, Maude Hutchins, Bertha Truell; to the Hawaiian Department, 2nd Lieuts. Emma C. Witherup, Mary B. Dowling; to the Philippine Department, 2nd Lieut. Mary Miller.

Eleven have been admitted to the Army Nurse Corps as 2nd Lieuts.

Second Lieut. Emma Haefner has been retired from active service in the Corps under the terms of the Bill passed by Congress for retirement of members of the Army and Navy Nurse Corps.

The following named are under orders for separation from the Corps: Jane G. Molloy, Marie J. Farrell, Olivia B. Starks, Marion F. Benson, Clara G. Spears, Gertrude Donnelly, Agnes Sumner, Helen R. Brandon, Ines Dresser, Alice Fought, Geraldine E. Geis, Berniece A. Sullivan, Hallie M. Summers, Eleanor A. Kangas, Emma P. Alhorn, Agnes A. Olsovsky, Belle E. Gleghorn.

The following named, previously reported separated from the Corps, have been reassigned: 2nd Lieut. Vivian M. Knight (formerly in the Corps as Vivian M. Newman), 2nd Lieut. Marie E. Nolan.

JULIA C. STIMSON,
Major, Superintendent,
Army Nurse Corps.

Navy Nurse Corps

REPORT FOR AUGUST, 1927

Appointments: Seven.

Transfers: To Great Lakes, Ill., Mabel T. Cooper, Chief Nurse, Myrtle N. Kinsey; to League Island, Pa., Julia T. Coonan, Chief Nurse, Ethelyn S. Everman; to New York, N. Y., Emma L. Grier, Kathleen C. Fitzsimons, Rose E. Fitzgerald; to Norfolk, Va., Teresa E. Wilkins, Chief Nurse; to Parris Island, S. C., Selma C. Frederickson, Elizabeth S. Hopkins, Chief Nurse; to Port Au Prince, Haiti, Caroline M. Thompson; to Quantico, Va., Katie M. Smith, Helen M. Ernest; to San Diego, Calif., Carrie H. Lappin, Chief Nurse; to Washington, D. C., Linnie E. Bomberger, Ada S. Holmes.

Honorable Discharge: Pauline J. Paulsen, Eunice L. Gotwals, Mabel G. Hudson, Carrie Hawkinson.

Resignations: Anne W. Smith, Dorothy H. Brewer, Margaret H. O'Garr, Mary P. Edelman, Alice E. Lockwood, Alice M. Simons.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. Public Health Service

REPORT FOR AUGUST, 1927

Transfers: To New Orleans, La., Lenna Davis, Nellie Youmans.

Reinstatements: Belle Rush, Zuleika Simes, Mary Emery, Rava K. Hughes, Josie Hanson, Emma Barlow.

New Assignments: Fifteen.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

United States Veterans' Bureau

REPORT FOR AUGUST, 1927

New Assignments: Thirty-six.

Transfers: To Jefferson Barracks, Mo., Alfa Hoover, Chief Nurse; to Atlanta, Ga., Emma Goddard, Chief Nurse; to Oteen, N. C., Marguerite Merritt; to Boise, Idaho, Lena Hauser.

MARY A. HICKEY,
Superintendent of Nurses.

The American Hospital Association

The twenty-ninth annual convention of the American Hospital Association will be held in the Auditorium, Minneapolis, Minn., October 10–14, 1927. An outline of the program will be found on pages 787, 788 of the September

Journal. The general topics to be considered are:

Monday, October 10, Registration, exhibits; afternoon, Administrative Section; evening, opening General Session.

Tuesday, October 11, morning, General Session; afternoon, Furnishings, Supplies and Equipment; evening, banquet.

Wednesday, October 12, morning, Convalescent and Chronic Hospitals; afternoon, Administrative Section and Dietetic Section; evening, Out-patient Section.

Thursday, October 13, morning, Tuberculosis Sanatoria; afternoon, Construction Section; Out-patient Section; evening, Nursing Section.

Friday, October 14, Business.

American Public Health Association

The fifty-sixth annual meeting of the American Public Health Association will be held at Cincinnati, Ohio, October 17–21, with headquarters at Hotel Gibson. There will be over 40 sessions and approximately 160 speakers on the program. Items of special interest on the program are:

Monday evening, October 17, Science and Public Health, Charles V. Chapin, M.D., President.

Tuesday, 3 p. m., Health Program in Institutions of Higher Learning with addresses by Lawrence B. Chenoweth, M.D., Cincinnati, and Anna E. Pierce, Albany, N. Y.

Wednesday, 3 p. m., a Forum Session with an address, "Has Prohibition Promoted the Public Health?" by C. E. A. Winslow; Public Health Nursing Session with addresses by Mrs. Mary Breckenridge, Wendover, Ky.; Mrs. Mabel C. DeBonneval, New York; C. E. A. Winslow. 8.30 p. m., General Session, Recent Activities in the Health Organization of the League of Nations, Frank G. Boudreau, M.D.

Thursday, 3 p. m., Mental Hygiene, addresses by Henry B. Elkind, M.D., Boston; LeRoy M. A. Meader, M.D., Philadelphia; Louis A. Lurie, M.D., Cincinnati.

Friday, 8.30 a. m., Joint Session Health Officers and Public Health Nurses, addresses by Elizabeth G. Fox, Washington, D. C.; Fred Telford, Washington, D. C.; Marvin F. Haygood, M.D., Knoxville, Tenn.

The Association of Women in Public Health will hold a dinner meeting, Wednesday evening, October 19.

American College of Surgeons

The American College of Surgeons will hold a Special Nursing Session and Hospital Standardization Conference October 3, at Orchestra Hall, Detroit, Mich., at 2 p. m. The program is: The Art of Nursing, Rev. C. B. Moulinier, S.J., Milwaukee; Fundamental Training for Nurses, George W. Kosmak, M.D., New York City; Facts and Findings Pertaining to Nursing, May Ayres Burgess, Ph.D., New York City; Round Table Conference on Nursing Problems, conducted by Joseph C. Doane, M.D., Philadelphia—topics for discussion: (1) Educational Requirements, (2) The Nursing Curriculum, (3) State Standards, (4) Group Nursing, (5) Central Nurses' Registries (6) Coöperation between the Medical and Nursing Professions.

Institutes and Special Courses

Massachusetts: Boston.—For the first time at Simmons College a summer course was offered with the specific purpose of helping small schools. The expenses were underwritten by the nursing organizations of Massachusetts and the venture proved so highly successful that participants are already planning to return next year. Sixty-seven nurses enrolled for one or more of the following courses: Principles of Teaching, Principles of Supervision, Study of the Curriculum of Nursing Schools, Teaching of Principles and Practice of Nursing, Teaching of Anatomy and Physiology.

The geographical distribution was: China, 1; Georgia, 2; Virginia, 2; New Jersey, 2; New York, 2; Maine, 1; Vermont, 1; New Hampshire, 4; Rhode Island, 1; Connecticut, 1; Massachusetts, 50, of whom 20 came from Boston.

Missouri: A joint institute on Nursing Education, Public Health and Private Duty will be held at the Hotel Muehlbach, Kansas City, October 27–29, following the state meetings.

Ohio: The joint institute of the Ohio State Association of Graduate Nurses will be held in Columbus, the week of November 7, with headquarters at the Deshler-Wallick Hotel.

Pennsylvania: Following the convention of the state organizations at Erie, the Pennsylvania League of Nursing Education will conduct an Institute for Instructors from Thursday, October 27, at 2 p. m. until Sat-

urday noon, October 29. The tentative program is as follows:

Thursday, Teaching of Bacteriology, Supervision of Nursing, Mental Hygiene for the Student Nurses.

Friday, Teaching Bacteriology (class demonstration); two periods, Class Room Planning and Equipment; one period Supervision of Nursing; one period, How To Make the Doctors' Lectures Most Profitable to the Student Nurses; question box discussion; conference.

Saturday, Teaching of Anatomy and Physiology (demonstration of specimens).

Commencements

ILLINOIS:

Chicago.—St. Mary's Hospital, a class of twenty-one, on May 27, with an address by S. R. Pietrowis, M.D.

MICHIGAN:

Marquette.—St. Luke's Hospital, a class on September 8, with an address by Dr. Frederick McDonald Harkin.

NEBRASKA:

Omaha.—Immanuel Hospital, a class of five, on September 12, with addresses by Rev. L. B. Benson and Dr. B. B. Davis.

State Boards of Examiners

Alabama: THE NURSES' BOARD OF EXAMINATION AND REGISTRATION OF ALABAMA will hold examinations in Birmingham, October 17–18; in Montgomery, October 19–20; in Mobile, October 21–22. Applications may be secured from the Secretary-treasurer, Linna H. Denny, 1320 North 25th Street, Birmingham. All applications, with credentials, must be sent to the secretary at least two weeks before the date set for examinatiops.

Arizona: THE ARIZONA STATE BOARD OF NURSE EXAMINERS will hold an examination for registration of nurses in Phoenix, October 28 and 29. For further information, write the Secretary-treasurer, Catherine O. Beagin, Box 2488, Prescott.

Arkansas: THE ARKANSAS STATE BOARD OF NURSE EXAMINERS will hold an examination for the registration of nurses at Little Rock, November 10 and 11. For information write to the Secretary-treasurer, Ruth Riley, Fayetteville.

District of Columbia: The next examination for registration of nurses will be held in Washington, November 1 and 2. Application blanks must be filed with the secretary not later than October 15. Mary K. Carmody, Secretary and Treasurer, 1337 K Street, Washington.

Georgia: THE GEORGIA STATE BOARD OF EXAMINERS OF NURSES will hold examinations October 20–21 in Atlanta, Macon, Savannah, Augusta and Columbus.

Kansas: THE KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold an examination for state registration in the State House, Topeka, December 6–7. Applications for this examination should be filed not later than November 15, with the Secretary of the Board, M. Helena Hailey, Dodge City, Kansas.

Kentucky: THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will conduct a semi-annual examination for registration of graduate nurses in Louisville, at the St. Joseph's Infirmary, November 15 and 16. Applications and information may be secured from the Secretary, Flora E. Keen, Thierman Apt. C–1, Louisville.

Louisiana: The next examination of the LOUISIANA NURSES' BOARD OF EXAMINERS will be held in New Orleans and in Shreveport, November 2 and 3. For further information, address Julie C. Tebo, Secretary, 1005 Pere Marquette Building, New Orleans.

Maine: THE STATE OF MAINE BOARD OF REGISTRATION AND EXAMINATION OF NURSES will hold an examination for applicants for registration the third Wednesday in October, beginning at 9 a. m., at the State House, Augusta. Applications should be filed with the Secretary, Theresa R. Anderson, Box 328, Bangor, fifteen days previous to date of examination. No applications received after that time will be approved by the Board for the October meeting.

Missouri: The new address of the MISSOURI STATE BOARD OF NURSE EXAMINERS is 718–719 Chemical Building, St. Louis.

North Carolina: THE NORTH CAROLINA BOARD OF NURSE EXAMINERS will give examinations in the House of Representatives, Raleigh, October 20–22. Applications may be procured from the Secretary, Mrs. Z. V. Conyers, Greensboro, and must be filed with the Secretary not later than October 10.

Oregon: THE OREGON STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold an examination for applicants for registration on Thursday and Friday, October

20 and 21, in Portland. Grace L. Taylor, Secretary-treasurer, 448 Center Street, Salem, Oregon.

Rhode Island: THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will examine applicants for state registration, November 9 and 10, at the Rhode Island College of Education, Providence, beginning at 9 a. m. For application blanks and information, address Evelyn C. Mulrenan, Secretary-treasurer, St. Joseph's Hospital, Providence.

West Virginia: THE WEST VIRGINIA STATE BOARD EXAMINATION FOR REGISTERED NURSES will be held Thursday, October 27, at Charleston and Wheeling. Mrs. Andrew Wilson, Secretary-treasurer, 1300 Byron St., Wheeling.

State Associations

Arkansas: THE ARKANSAS STATE NURSES' ASSOCIATION will hold its annual meeting in Ft. Smith, November 7 and 8.

Florida: THE FLORIDA STATE NURSES' ASSOCIATION will hold its fourteenth annual convention in Miami, November 3–5, with the Hotel Everglades as headquarters. Janet Geister of the American Nurses' Association, and Beatrice Short of the National Organization for Public Health Nursing, will be the national guests.

Georgia: THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES has renewed its charter for a period of twenty years under the following name: Georgia State Nurses' Association, in accordance with recommendations made at the Advisory Council of the American Nurses' Association. The Georgia State Nurses' Association will hold its twenty-first annual meeting in Macon, Georgia, November 8–10.

All Georgia nurses in particular and all nurses in general will be interested in the passage of Senate Bill No. 112 by the General Assembly of Georgia, at its 1927 session. The bill was in the nature of a repeal of former nursing legislation; however, substantiating former legislation in regard to the appointment and organization of the Board, and further increasing its powers by giving it authority to grant credit, not to exceed twelve months' time, for scientific subjects taken in college courses or other special branches relating to the basic nursing course, and for the employment of assistants to the secretary, who shall aid in carrying out the regulations and in giving advice and encouragement to training schools in the preparation of applicants for registration. The legislation provides a waiver of six months and thereafter for compulsory registration of all graduate and undergraduate nurses and for annual re-registration of both groups. Certificates may be revoked for failure to secure renewal. The bill as originally drafted, at the request of the medical profession, carried registration for practical nurses also, but in order to effect passage of the bill it was necessary to eliminate this legislation for practical nurses.

Illinois: THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting at Mount Vernon, October 12–14, with headquarters at the Emmerson Hotel. The program is:

Wednesday, October 12, Morning—Registration; invocation, Rev. George Goodman, Mt. Vernon; addresses of welcome, Dr. H. M. Swift, Ida M. Brossard; response, Sara B. Place; President's address, Irene R. Stimson, Rockford; reports of officers, committees and districts; address, "Illinois' Need of Nursing Legislation," by Grace S. Wightman.

Afternoon—Session in charge of Public Health Section, chairman, Edith Belle Willis, Princeton. Luncheon for Public Health Nurses at the Emmerson Hotel, followed by business session. Open Session at Methodist Church. Addresses, "Oral Hygiene, Its Relation to General Health," Dr. Friedinger, Decatur; "The Trend of Public Health Nursing," Miss Allen. Round table conducted by Hattie Sutton, Nokomis, and Effie Andrus, Mt. Carmel. Health exhibits, in charge of Alpha Rodenberger of Illinois Tuberculosis Association. Transportation to City Park, followed by a social evening.

Thursday, October 13, Morning—Session in charge of Illinois League of Nursing Education, chairman, Evelyn Wood, Chicago. *Afternoon*—Session in charge of Private Duty Section, chairman, Elizabeth Steele, Chicago. Address by Dr. Chas. W. Hall, and Dr. Sloane. *Evening*—Banquet. Speaker, Dr. Richard Olding Beard, Minneapolis, "The Obligations of a Profession."

Friday, October 14, Morning—"Recruiting for the Small School of Nursing," Esther A. Rothery, Aurora; address, S. Lillian Clayton, Philadelphia, Pa.; "X-Ray and Physiotherapy," Dr. J. M. Haney, Centralia; "Equipping a Laboratory and Teaching Applied Chemistry in a Small School of Nursing," Lenore Tobin, Oak Park; "Summer Camps for Girls," Anna Ryan, Shelby. *Afternoon*—Unfinished business.

Indiana: THE INDIANA STATE NURSES' ASSOCIATION will hold its annual meeting in Indianapolis, October 21–22.

Kansas: THE KANSAS STATE NURSES ASSOCIATION will hold its sixteenth annual meeting in Newton, October 6–8. Details of the program will be found on page 790, September *Journal*.

Louisiana: THE LOUISIANA STATE NURSES' ASSOCIATION will hold its annual meeting in Baton Rouge, October 26–27. The State League will meet on the 25th.

Massachusetts: THE MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its fall meeting on October 28–29, in Springfield, at the Municipal Auditorium and the Hotel Kimball.

THE MASSACHUSETTS STATE DEPARTMENT OF MENTAL DISEASES calls attention to the establishment of a three months' course of formal instruction in Psychiatry and Mental Nursing in the state hospitals under its direction. This course is available for classes in training at approved schools of nursing in tax-free hospitals incorporated in Massachusetts. Affiliation under the above plan was established nearly a year ago by the Boston Psychopathic and Worcester State Hospitals with several general hospitals in this state and has been in continuous and successful operation since its inception. Similar courses will be conducted at other Massachusetts state hospitals as rapidly as arrangements can be made, in accordance with the requests from schools of nursing for special training in this subject.

Minnesota: The nurses of Minnesota are urged to make an effort to attend the annual convention of the three state nursing associations in Minneapolis, October 10 to 14. Headquarters for registration will be at the Leamington Hotel and the business meetings and general sessions will be held at the Westminster Church. The meeting of the Private Duty Section will be at the Wesley Church. The nurses are invited to attend the sessions of the American Hospital Association at the new Auditorium and to visit the fine exhibit halls. Admission will be by badge only, secured when they register. In addition to the splendid opportunities offered by the American Hospital Association they have on their own program, Dr. May Ayres Burgess, Director of the Committee on the Grading of Nursing Schools, who will speak to the private duty nurses on Wednesday afternoon, October 12. Clara D. Noyes will speak at the Red Cross meeting on Thursday afternoon, October 13. Janet Geister, Director at Headquarters, American Nurses' Association will speak on Friday, October 14.

Mississippi: THE MISSISSIPPI STATE NURSES' ASSOCIATION will hold its annual meeting in Meridian, October 27, 28.

Missouri: THE MISSOURI STATE NURSES' ASSOCIATION and THE MISSOURI STATE LEAGUE OF NURSING EDUCATION will hold their annual meetings at the Hotel Muehlbach, Kansas City, October 24–26, followed by an Institute, October 27–29. Laura R. Logan of Chicago and Mary M. Roberts of New York are expected as speakers.

Nebraska: THE NEBRASKA STATE NURSES' ASSOCIATION will meet at the Lincoln Hotel, Lincoln, October 24–26.

New Jersey: The twentieth semi-annual meeting of THE NEW JERSEY STATE NURSES' ASSOCIATION will be held in Plainfield, on November 4. On Saturday, November 5, the fall meeting of the New Jersey Organization for Public Health Nursing will be held. On Friday evening there will be a joint banquet of the State Nurses' Association, the League of Nursing Education, and the Public Health Organization.

New York: The three state organizations will meet in Rochester at the Hotel Seneca, October 25–27, with the following programs:

NEW YORK STATE ORGANIZATION FOR PUBLIC HEALTH NURSING, sessions at Gannett House, *October 25*, 9.15, Reports, address by the President, Elizabeth Stringer; 10.30, "Saving by Nurses," Ingalls Kimball; "An Educational Program for the Nurse Which May Eventually Solve the Midwife Problem," Calvina MacDonald. 12–1, Round tables, "Nutrition," Lucy Gillette; chairman, "The Effect of Sunlight on Nutrition," Ethel Luce, M.D. School Nursing, Mrs. Nellie Lindsey Russ, chairman. Industrial Nursing, Mary T. Dowling, chairman. Lay members, chairman to be chosen. 2 p. m., A demonstration, "A Nurse in Every Home"; five-minute talks on the value of "Home Nursing," Mrs. Richard Noye, Mary A. Coleman, a physician, Lucy Brinkerhoff, Mary T. Dowling. Home Nursing Demonstration arranged by Hasel Gammon. "How To Organize Home Nursing Classes," Mabel Rue. 6.30, Subscription dinner for American Red Cross Nurses.

NEW YORK STATE LEAGUE OF NURSING EDUCATION, *October 25*, 9.30 a. m., Business Session; 11, Joint meeting with State Organization for Public Health Nursing; 2 p. m., Address of President, Helen Wood; "The Teaching of Psychiatry to Student Nurses,"

Dr. Eric K. Clarke; "How Our Schools Are Meeting This Need," Harriet Bailey; "Reminiscences of Twenty Years as State Examiner," Lydia Anderson; Discussion of "Weaknesses in Teaching as Shown by Results of Regents' Examinations." Joint evening session of the three organizations, Chamber of Commerce, Elisabeth Stringer presiding. Invocation, Samuel Tyler, D.D.; address of welcome, President Rush Rhees; response, Adelaide Nutting.

NEW YORK STATE NURSES' ASSOCIATION, *October 26*, 8.15, Business Session, with address of the President, Louise R. Sherwood and reports; 12.30, Luncheon for student nurses, topic for discussion, "Extra-curricular Activities in Schools of Nursing"; 2.15, "Boards of Trustees and Schools of Nursing," Lesley West; Round table, "The Grading Program," May Ayres Burgess; Meeting of Advisory Council. *October 27*, 9.30 a. m., Round table, Bertha M. Wood presiding, "Clinical Instruction in Dietetics and Its Correlation with General Nursing Practice"; "Erysipelas," Konrad Birkhaug, M.D.; "The Nurse's Obligation in the Prevention of Deafness," Franklin W. Bock, M.D.; "Fighting Childhood Deafness," Marie A. Pless. 2.15 p. m., "The Chemical and Dietetic Problems of the Diabetic," George Baehr, M.D.; "Mental Hygiene," Charles Bernstein, M.D.

North Dakota: THE NORTH DAKOTA STATE NURSES' ASSOCIATION will hold its annual meeting at Devils Lake, October 17–19.

Oklahoma: THE OKLAHOMA STATE NURSES' ASSOCIATION, THE STATE LEAGUE OF NURSING EDUCATION, and THE STATE ORGANIZATION FOR PUBLIC HEALTH NURSING will conduct a joint meeting in Muskogee, Oklahoma, October 26, 27 and 28. Janet Geister will be one of the principal speakers at this meeting.

Pennsylvania: THE GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA will hold its twenty-fifth annual meeting in Erie, at The Lawrence, October 25–27. *October 24*, Business session. 12.30, Red Cross luncheon. The afternoon session will be devoted to reports. 8 p. m., A joint meeting of the three state organizations will be held with addresses by the three presidents—Helen F. Greaney, Mary C. Eden and Esther R. Entricken, also an address by Mrs. E. S. H. McCauley, Secretary, State Department of Welfare, and by Judge Florence Allen on "Our Heritage." *Tuesday, October 25*, the fourth session of the Graduate Nurses' Association will be held, and will consist of a business meeting. At 10 a. m. the Private Duty Section will open its first session, Edna T. Wagner, presiding. A Private Duty Section luncheon will be served with informal discussions. The Private Duty Section will reconvene at 2 p. m. and the following tentative program has been planned: A round table, conducted by Jessie Turnbull on "Private Duty Problems"; a conference on central registries, conducted by Edna T. Wagner. 4.30 p. m., an automobile ride over the famous peninsula road. The evening session will open at 8 p. m. with Edna T. Wagner presiding. Dr. Petty, of Pittsburgh will be the speaker. The day sessions of *Wednesday, October 26*, will be devoted to the proceedings of the Pennsylvania League of Nursing Education, with Mrs. Mary C. Eden, presiding. Aside from the business meetings, the following program has been planned: A paper on the "Health of the Student Nurse," Marion Rottman, Bellevue, and Allied Hospitals; "Case Records," Bertha Harmer of Yale School of Nursing. Two round tables will be conducted—"How Teaching of Sciences Is Accomplished in Small Schools," Anne Wray; "Training School Problems," Mary E. Spane. In the evening there will be a banquet in honor of the twenty-fifth anniversary of the organization of the Graduate Nurses' Association. To this banquet the following past presidents have been invited and will give ten-minute speeches: Anna Brobson, Margaret Whitaker, Roberta West, Ida F. Giles, Susan C. Francis, Margaret Dunlop and Jessie J. Turnbull. Sessions of the State Organization of Public Health Nursing will occupy *Thursday, October 27*. There will be a breakfast meeting of the Board of Directors. The business session will open at 9 a. m. with Esther R. Entriken, in the chair. The following program has been planned: "Rural Nursing" and "School Health," speakers to be announced. 12.30, a closed Supervisors' Luncheon, and the subject, "General Principles of Supervision," Katharine Tucker; 12.30, a luncheon meeting of the Lay Section, with Mrs. George Metcalf presiding. The afternoon session, "How Should a Board Function in the Community?" "Industrial Nursing," speakers to be announced. "Standards in Public Health Organizations," Mrs. Anne L. Hansen, Buffalo, N. Y. At the evening session the speakers will be: Dr. Charles P. Emerson, Indiana, on "Communicable Diseases"; Dr. Theodore B. Appel, State Department of Health, "Public Health Progress in Pennsylvania." The Graduate Nurses' Association will close its convention on *Friday morning, October 28*. During this session a round table will be conducted on Group Nursing.

Tennessee: The annual meeting of the TENNESSEE STATE NURSES' ASSOCIATION will be held in Chattanooga, at the Read House, October 10 and 11 (not on the dates given last month).

Vermont: THE VERMONT STATE NURSES' ASSOCIATION will hold a meeting on October 14 at St. Johnsbury.

Wisconsin: THE WISCONSIN STATE NURSES' ASSOCIATION will hold its annual meeting in Milwaukee, at the Astor Hotel, October 10–12 with the following speakers: Annie W. Goodrich, Clara D. Noyes, Jane Allen and Janet Geister.

District and Alumnae News

Florida: St. Augustine.—THE FLAGLER HOSPITAL AND TRAINING SCHOOL held capping exercises for the June 1930 Class, September 5, at the Anderson Nurses' Home.

Georgia: Atlanta.—THE FIRST DISTRICT ASSOCIATION held its August meeting in Piedmont Park and had as guests members of the Legislature, doctors, and others.

THE COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION of the Medical Association of Georgia is calling a meeting of the representatives of the State Board of Health, the State Tuberculosis Association, the State Nurses' Association and the Health Officers' Association of Georgia to meet the Committee in joint session at the Academy of Medicine, Atlanta, on Friday October 7, at 10 a. m. Three short papers will be presented for discussion: (1) The Relation of the Physician to Public Health; (2) The relation of the Graduate Nurse to the Medical Profession—(a) Private Nursing, (b) Public Health Nursing; (3) The Relation of the Public Health Worker to the Medical Profession.

Illinois: Chicago.—Dedicatory exercises for the ALBERT MERRITT BILLINGS HOSPITAL will be held on October 31. Sister M. Theresa is the newly elected Superintendent of the Training School of St. Mary's Hospital.

Kentucky: Louisville.—The twenty-second annual meeting of the ALUMNAE ASSOCIATION OF THE JOHN N. NORTON MEMORIAL INFIRMARY was held June 21 at the Nurses' Home. The following officers were elected for the year: President, Edith E. Bush; vice-presidents, Carolyn L. Jones, Mrs. E. R. Gernert, secretary, Emma Isaacs; treasurer, Mrs. Pearl S. Schlosser.

Michigan: Detroit.—SPANISH AMERICAN WAR NURSES were guests of Detroit at the reunion of the Spanish-American War Veterans which was held in Detroit, August 28 to September 1. About seventy nurses attended the reunion and several social functions were held in their honor. The Detroit District gave a tea on August 30 at the Nurses' Home of the Children's Hospital.

Madame Safie Hussein Bey, a recent visitor in Detroit, is in America to obtain ideas for hospital construction and administration and the training of nurses. She is an officer of the Turkish Red Crescent in Constantinople, the organisation which corresponds to our Red Cross.

New Jersey: Newark.—DISTRICT 1 held its first fall meeting on September 13, at the Headquarters of the Visiting Nurse Association. After the business meeting, Dr. J. W. Gardam, Director of the Communicable Disease Division of the Newark City Health Department, presented an outline of the method to be followed in the diphtheria-prevention campaign that is to be conducted throughout the state this winter, in which nurses are to take an active part. There was a large attendance at the meeting, and much interest apparent as the winter's work in the district was considered; and much pleasure expressed when two new alumnae associations were accepted into membership: those of St. Elizabeth Hospital, Elizabeth, and the Hospital for Women and Children, Newark. The presidents and secretaries of these alumnae associations are as follows: St. Elizabeth, Pres., Genevieve McCarthy; Secy., Nora Agnes Hartigan. Hospital for Women and Children, Pres., Claire K. Morris; Secy., Marion Minard. The individual members of the District were hostesses. **Jersey City.**—THE HUDSON COUNTY NURSES' CLUB has established an official registry for nurses, the first to be established in New Jersey. The membership of the Hudson County Nurses' Club is composed of graduates of the Schools of Nursing of Christ and Jersey City Hospitals and the resident individual members of District 2. Mrs. Agnes Falk, a graduate of Mercer Hospital, Trenton, is the Registrar and the registry is located at 83 Van Wagenen Ave., Jersey City. The Hudson County Nurses' Club is to be congratulated on being the first group in the state to take such an important and progressive step.

New York: Clifton Springs.—Graduate nurses of the Clifton Springs Sanitarium and Clinic, living in Toronto, Canada, have organised a Club. The first meeting had an

attendance of twelve. Officers are: President, Mrs. C. B. Medley; vice-president, Ada E. (name illegible); secretary-treasurer, Mrs. H. K. Thompson. **Little Falls.**—THE LITTLE FALLS HOSPITAL is sending its preliminary students to the Utica Central School of Nursing for the fall session. **Rochester.**—Nancy E. Cadmus, Registrar of the Nurses' Official Registry has resigned after giving constructive service, to make her residence in Vermont. She retires from active nursing work. She is succeeded by Lucy M. Bayley. **Utica.**—Mrs. Isabel Miller Lewis has accepted the position of assistant to the Educational Director of the Utica Central School of Nursing.

Ohio: Springfield.—THE CITY HOSPITAL offers a prize each year of a textbook or a year's subscription to the *Journal* to every student who makes an average of 90 per cent in her theoretical work. This year six students chose the *Journal* as their prize.

Washington: Seattle.—Each member of the graduating class of the Providence Hospital was given a year's subscription to the *Journal* as a graduating gift from Dr. U. C. Bates, a member of the staff.

West Virginia: Parkersburg.—Martha M. Russell has been appointed Superintendent of the Camden-Clark Memorial Hospital.

Wisconsin: Appleton.—THE SIXTH DISTRICT is endeavoring to make its yearly program more successful to the entire group of nurses by making one nurse from each group (Private Duty, Institutional, Public Health, etc.) responsible for the meeting on the subject which is most vital to that group. This will assure each group of nurses that their particular branch of nursing will have its place in the yearly program.

Deaths

George J. Behrendt, M.D. (class of 1903, St. Mary's Hospital, Chicago) on June 1. Dr. Behrendt studied medicine after graduating as a nurse.

Arline McDonald, President of the state association of Texas. (No details have been received.)

Theresa Vollmar Mahoney (Class of 1918, St. Mary's Hospital, Chicago) on June 7, of peritonitis. Mrs. Mahoney was a laboratory technician. She was loved by all who knew her.

Flora Madeline Shaw, President of the Canadian Nurses' Association, at The Royal Infirmary, Liverpool, England, on August 27, of pulmonary embolism. Miss Shaw was on her way home from Geneva where she had attended the Interim Conference of the International Council of Nurses. She was Director of the School for Graduate Nurses, McGill University, Montreal, at the time of her death. She had taken a degree at Teachers College, New York, and she was at one time on the staff of the Presbyterian Hospital there. Every care was given her during her brief illness and memorial services were held in the Infirmary chapel and, later, in the Lady Chapel of Liverpool Cathedral. Miss Shaw was a woman of kindness and charm, as well as of great ability; she will be greatly missed by the nurses of her own country and by all who knew her.

Margaret Tupper (Lakeside Hospital, Cleveland, Ohio) on August 18, in Paris. Miss Tupper had been working in France for the Rockefeller Foundation during the past three years in the field of public health nursing. She had served as an Army nurse during the war. Services were held in the American Cathedral in Paris.

Martha Zollman (class of 1913, Lutheran Hospital, Ft. Wayne, Ind.) at her home in Milwaukee, Wis., on September 4, after a lingering illness. Miss Zollman had a pleasing personality; she will be missed by many.

The League's Calendar

THE calendar for 1928 is now on sale. It is totally unlike any of the other calendars put out by the League. It contains 724 carefully selected quotations, prose and poetry, from some of the great literature of the ages. The writings of ancient philosophers, poets of today, and many others have been scanned in the search for some of the high thoughts that continue to stir the imagination. They have been grouped under such general headings as Beauty, Truth and Courage.

The cover is gay and unusual. The four illustrations in black and white are interesting and diverting. The numerals are distinct. In short, it is a calendar which, without any mental reservation whatever, may be given to one's friends, whether lay or professional.

At the meeting of the National League of Nursing Education at San Francisco, it was reported that about 57 per cent of the League's income is derived from the calendar sales. If the groups (there are only a few of them) who "resent having to buy calendars" appreciated this fact their resentment would vanish, for the fundamental importance to nurses and nursing of the work of the League is everywhere conceded.

Even though the committees in charge of the sale again demonstrate some of the principles of "high pressure salesmanship" there will be no resentment about this year's calendars, for nurses will not only be glad to have them for themselves but they will be proud to give them to their friends at Christmas time. Incidentally, those who buy make a direct contribution to the support of the National League of Nursing Education.

LET us consider honesty, the question of right or wrong. No matter how many courses you may take or where you may go, honesty should go also. Is it honest for a nurse on duty to use sugar, etc., for herself, instead of for the patients? Is it honest for her to write on chart paper, using it as stationery, while on duty? Is it honest to look into letters belonging to others?

Ann, while on night duty, had several charity patients who had been in the hospital for some months without running any temperature, so each morning she charted them as normal without taking them. Was this honesty? On another occasion a wrong dose of medicine was given; consequently the patient became very ill and no one knew the trouble, still the nurse would not confess until discovered. She was then suspended, but was she honest? Can your superintendent, the physicians of your institution, and your sister nurses, say this about you, "She is an honest woman." Strange as it may seem, the practice of common everyday honesty is the point at which many nurses fail. As Shakespeare said: "To thine own self be true, and it must follow, as the night the day, thou canst not then be false to any man."

Computing Hospital Census

THE hospital total is the sum of the ward totals and each ward census should be computed as follows:

(a) Patients remaining in ward at midnight, December 31		20
(b) Patients admitted to ward before midnight, January 1		3
(c) Births		2
Total (of no value or use)		25
(d) Patients discharged before midnight, January 1	2	
(e) Deaths before midnight, January 1	1	
		3
(f) Patients remaining at midnight, January 1		22
(g) Number of patients both admitted and discharged, January 1		1
(h) Total days of treatment given on ward (for statistical purposes)		23

The total of the figure "h" (above) for all wards gives the hospital total and this is the figure to use in making all computations expressing volume of service rendered by the hospital. Newborn babies are counted as admissions and as patients.—*Bulletin American Hospital Association.*

Too Late for Classification

Indiana: Speakers at the State meeting will be Evelyn Wood, Chicago, Professor Somers of Bloomington, Dr. Charles P. Emerson, Dr. May Ayres Burgess, Eva F. MacDougall, Katheryn Faville, Jane C. Allen, Hulda A. B. Cren.

Iowa: THE IOWA STATE ASSOCIATION OF REGISTERED NURSES will hold its annual meeting at Fort Dodge, October 18–20, with headquarters at Hotel Wakonsah.

About Books

BASAL METABOLISM IN HEALTH AND DISEASE. By Eugene F. DuBois, M.D. Second edition. 92 illustrations. Lea & Febiger, Philadelphia. Price, $5.

AT a time when dietotherapy is being more and more used to meet the patient's needs, Dr. DuBois' book is not only interesting but also valuable as a reference book in hospitals where there is a school of nursing.

The first eight chapters give the history of the study of the respiratory metabolism, a description of the apparatus used, the methods of calculations and of measuring body areas, and a review of certain laws of physics.

The ninth chapter contains the application of the preceding factors to the present-day theories and speculations concerning metabolism in both animals and humans. This chapter contains much of interest about the metabolism of infants and children. It is interesting to note the variations in metabolism that are shown, due to age, state of nutrition, and disease.

The second part of the book is devoted to "Metabolism in Disease," including undernourishment, obesity, and diseases of heart and kidney, and includes a very interesting and illuminating chapter on "Basal Metabolism in Diabetes."

The book brings the subject of metabolism up to date, with the expectation that there will sometime be another revision as few conclusions have been reached at present.

Every one of the 414 pages has some interesting and instructive fact for those who are doing work in which health is a factor.

BERTHA M. WOOD.

East Northfield, Mass.

PEDIATRIC NURSING. By Gladys Sellew, R.N. Illustrated. 456 pages. W. B. Saunders Company, Philadelphia. Price, $2.50.

RECOGNIZING that the time allotted for a course in Pediatrics in most hospital training schools is brief at best, Miss Sellew has endeavored to provide us with a book for reference. The twenty to thirty hours of lecture and class usually spent on this subject make it impossible to more than touch on many important points, consequently recourse to reference is imperative.

"Pediatric Nursing" covers a wealth of material in its consideration of the development of the normal child, the hospital care of a sick child, and the nursing procedures peculiar to Pediatrics. The book is divided into two parts: first, a discussion of the hygiene and feeding of a young child, and second, a description of the nursing procedures necessary in caring for a sick child in hospital, with some elaboration of the diseases themselves.

As nurses we are prone to concentrate our attention upon the disease rather than upon the child, and it is interesting to find this author stressing the child as a definite growing individual. A rich experience in social work has given Miss Sellew a clear sense of responsibility for a follow-up program in children's work which is sometimes absent. Her emphasis on this point should be especially valuable to instructor and student.

Used as a reference, with careful guidance on the part of the instructor, this book may be helpful to the student in Pediatrics. It does not appear to the reader to be sufficiently well organized for broad assignments. Repetition and overlapping are some-

times unavoidable, but when they occur the student profits more from directed reading. There is a chapter devoted to the organization of a children's hospital or ward which would be helpful to the graduate equipping such a service.

Difficult as the organization of reference material always is, one cannot help wishing that the author had outlined her subject matter more clearly. Much which her book holds of value may be lost by the reader because of involved development.

RUTH WEAVER HUBBARD.
New Haven, Conn.

SIGNS OF HEALTH IN CHILDHOOD. By Hugh Chaplin, M.D., and Edward A. Strecker, M.D. Illustrated. 34 pages. American Child Health Association, New York.

THIS monograph answers a definite need, for it is the first published effort to define the optimal or ideally healthy child. It is put out in admirable form, characteristic of the American Child Health Association. It should be included in the reference material of all schools of nursing, for courses in pediatrics are no longer complete if they fail to set up standards of health. It will quickly find its place in the hands of those who are directly concerned with child health programs. Indeed, it will be a boon to such workers.

MODERN METHODS IN NURSING. By Georgiana J. Sanders. Fourth edition. 811 pages. 200 illustrations. W. B. Saunders Company, Philadelphia. Price, $3.00.

THE new fourth edition of Miss Sanders' book will in no way disappoint the student or the instructor who wants for convenient reference a book covering in considerable detail the wide range of nursing procedures required in hospital practice today.

For the most part there are not many changes from the material of the earlier editions, except for the addition of material descriptive of the various methods of examination by use of the x-ray, metabolism tests, newer methods of transfusions, Schick and Dick tests, the use of insulin and salvarsan and similar clinical procedures. Whether these discussions are given in enough detail to be sufficiently instructive to the student nurse, or whether there is a real need for such material to any extent in a nursing textbook, are still unanswered questions in the mind of the reviewer.

Since the first edition of this book, in 1912, the number of good textbooks for nurses has so greatly increased there is not the same need today that there was fifteen years ago of a book which shall be so all-inclusive of the various subjects in a course of nursing. With this thought in mind, Miss Sanders has wisely omitted chapters on food and food values, subjects which represent regular courses in nutrition and should be relegated to textbooks dealing with that subject alone.

If, in like manner, the chapters on Medicines, Poisons and Antidotes, Bacteriology and Immunity had been omitted, since necessary texts on Materia Medica and Bacteriology already deal with these subjects, the book would still fulfill its purpose as a nursing text.

If intended to meet our need of a student textbook in nursing, further elimination of material—*i.e.*, chapters on diets, the head nurse and ward management, and possibly parts of the chapters on accidents and emergencies—might have been made. If, however, we desire to put within the reach of nurses throughout their course, in the second and third years as well as in

the preliminary term, a reference book of wide range and a wealth of material, Miss Sanders still gives us in this new edition a most valuable addition to our nursing libraries.

HELEN WOOD, R.N.
Rochester, N. Y.

VOCATIONAL READINGS. By Leverett S. Lyon and A. Marie Butler. 571 pages. The Macmillan Company, New York. Price, $1.68.

THE material composing this collection was gleaned from many sources. The only article on nursing is "A Radio Talk on Nursing," by Harriet Frost, R.N., which is reproduced from the *American Journal of Nursing* for June, 1926.

RELUCTANTLY TOLD. By Jane Hillyer. 205 pages. The Macmillan Company, New York. Price, $2.00.

"RELUCTANTLY Told" is a forceful, descriptive and concrete story of what happens when the mind is out of harmony with one's surroundings. The introduction to the book is a remarkable review and interprets not only the ideas which the author has set forth but presents the fundamental concept of modern psychiatry. The writer has indicated the principles upon which the care of the mentally sick depend, for both doctor and nurse.

The story is told in a most interesting manner and should impress upon the reader in a telling and picturesque way, less harrowing than usual, the various changes which occur in the life of a person suffering from an emotional mental disorder. Throughout the entire book one is impressed by the alertness and keenness of patients who are thought not to understand.

In the desire to protect a patient who is in a disturbed emotional state, one does realize the utter hopelessness the patient feels when she realizes for the first time that the door is locked or the window is barred. The first chapter describes that feeling in vivid terms and calls forth one's sympathy and the longing to find a better way.

The ineffectual way in which the nurse interpreted the situation, her helplessness in meeting the attitude of utter despair on the part of the patient, is a strong appeal to put into mental nursing the best, most skillful, the most highly understanding, well equipped, resourceful persons we can find. The patient was sorry for the nurse whom she described as having "a lovely tired face." Tired people cannot inspire and help. A sick person needs a buoyant, physically and mentally fit person, not one whose burden she must carry as well as her own. It is a challenge to us to put the best of our womanhood into this kind of work and give her conditions of life under which she can work that her face may not often be "a lovely tired face."

In reading beneath the text one is impressed by the ineffectual efforts on the part of women, young and inexperienced, endeavoring to deal with patients who, in spite of their mental disturbance, have active, keen minds. These patients need a type of companionship, understanding and association quite different from that which the average inexperienced girl of eighteen or twenty can give. Again this is a challenge to us to put into mental nursing more women who have the ability to meet such a patient on her own intellectual level.

The description of the patient who longs for a drug is most illuminating and convincing and should help to a clearer understanding of the craving and more sympathy with less blame for the sufferer.

"The House of Distortion" is a wonderfully descriptive chapter on the period of reawakening. The beginning of convalescence, when everything becomes real, when the period of understanding is approaching, and the "hours of numbness" are passing away. What could be more real or more keenly human than a sentence like this? "I had to rise and take the experience standing, as it were." When the future calls for strength to fulfil its ideals while strength and endurance are still so fleeting, the patient feels hopeless and alone. At this period wise counsel and intelligent sympathy are needed. The nurse should know how far she should go in leading the groping one who says, "I ceased to hope and yet was not quite dead to pain." The hospital protection is admirably evaluated and the comfort of being in a place which, even though so far removed from one's idea of perfection, is a safeguard. "Now I could make a slip without its counting against me," is very comprehensible.

The confidence expressed in these words; "I simply took their word for it, and looked out, not in," is a beautiful way to express the value of concentration on the objective rather than the subjective which is the cause of many emotional disorders and makes for many of the tragic situations in life.

EFFIE J. TAYLOR, R.N.

New Haven, Conn.

Posture Reports

TWO recent publications of the Children's Bureau of the United States Department of Labor will interest physicians, teachers, nutrition workers and others concerned with posture work among children. The first, Children's Bureau Publication No. 164, is entitled "Posture Clinics," and the second, Children's Bureau Publication No. 165, is entitled "Posture Exercises." Dr. Armin Klein is the author of the former bulletin and is co-author, with Leah C. Thomas of Smith College, of the latter.

The two bulletins mentioned are entirely different in purpose and scope. "Posture Exercises" offers a posture training program for the public schools, through which Dr. Klein believes the preventive work necessary to keep the normal child from developing postural defects must be accomplished. Descriptions, with illustrations, are given of posture exercises suitable for school use, the exercises being divided into those adapted for primary grades, those for intermediate grades, and those for the junior high school grades.

"Posture Clinics" is intended for the use of clinics treating, not the average child, but the child with definitely established poor posture habits and postural defects.

Dr. Klein introduces the subject of posture in this bulletin by a discussion of the importance of good body mechanics and a description of good and poor posture in its relation to the bony structure of the body. This description is illustrated by diagrams of the skeleton in good and poor posture. In this connection, Dr. Klein points out that there are in any cross-section of the American public distinctly different types of body structure and that good or poor posture will vary according to the physical type. Charts illustrating posture standards for stocky, thin, and intermediate types of boys and girls are reproduced in the bulletin.

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